



# Magnetic Resonance (MRI) - Important questionnaire to be completed by the physician and the patient

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

The patient has:

	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	a cardiac pacemaker
	<input type="checkbox"/>	<input type="checkbox"/>	brain, neck, aorta metal clips (specify) _____
	<input type="checkbox"/>	<input type="checkbox"/>	metallic implants or other devices (specify) _____
	<input type="checkbox"/>	<input type="checkbox"/>	prostheses: auditory, ocular, dental, capillary, joint or other (specify) _____
	<input type="checkbox"/>	<input type="checkbox"/>	rods, plates, nails or screws as a result of a fracture or surgery (specify) _____
	<input type="checkbox"/>	<input type="checkbox"/>	body piercing
	<input type="checkbox"/>	<input type="checkbox"/>	tattoos (specify) _____
	<input type="checkbox"/>	<input type="checkbox"/>	magnetic false eyelashes
	<input type="checkbox"/>	<input type="checkbox"/>	other factors (specify) _____

The patient:

	<input type="checkbox"/>	<input type="checkbox"/>	has undergone surgery within the last 12 weeks
	<input type="checkbox"/>	<input type="checkbox"/>	is claustrophobic (if so, plan medication)
	<input type="checkbox"/>	<input type="checkbox"/>	is pregnant. No. of weeks: _____
	<input type="checkbox"/>	<input type="checkbox"/>	has allergies (specify) _____
	<input type="checkbox"/>	<input type="checkbox"/>	has glaucoma
	<input type="checkbox"/>	<input type="checkbox"/>	has had a prior eye injury involving a metallic foreign body (specify) _____
	<input type="checkbox"/>	<input type="checkbox"/>	has already had an MRI (specify) _____

Patient's weight: \_\_\_\_\_ Patient's height: \_\_\_\_\_

I have completed the above questionnaire with my physician. I confirm that the information provided is accurate and I agree to undergo the magnetic resonance (MRI) examination.

Date: \_\_\_\_\_ Physician's signature: \_\_\_\_\_ Patient's signature: \_\_\_\_\_

Please bring this form and your health insurance card with you on the day of the examination. Check the expiration date of your health insurance card.  
If you are or think you might be pregnant, please inform the technologist BEFORE your examination.

**PREPARATION INSTRUCTIONS** – For patients aged 12 years or older

For children age 12 and under: Please follow the preparation instructions on our website: [imagix.biron.com/en](http://imagix.biron.com/en)

**1 ESOPHAGUS**

No solid food should be eaten 4 hours before the exam. Do not smoke or chew gum.

**2 INJECTION**

For your safety, you must be accompanied by someone who will drive you back after getting your epidural blocks, foraminal blocks or cervical facet blocks and injections at the level of the ischia.

**3 MAMMOGRAM**

Do not use any deodorant, perfume, powder or body lotion the day of the examination. If your previous mammogram was performed elsewhere, bring both the CD and report with you for comparison purposes.

**4 BONE DENSITOMETRY**

The patient must not have undergone any examination with barium or nuclear medicine for at least 14 days before his/her appointment with us. **DO NOT TAKE CALCIUM SUPPLEMENTS OR VITAMINS FOR 48 HOURS BEFORE THE DAY OF THE EXAMINATION.**

**5 ABDOMINAL ULTRASOUND**

- Fasting 4 to 6 hours before the exam.
- Do not chew gum.

YOU CAN TAKE YOUR MEDICATION, BUT WITH AS LITTLE WATER AS POSSIBLE.

**5 A - Abdominal and pelvic ultrasound**

- Fasting 4 to 6 hours before the exam.
- Do not chew gum.

- Have finished drinking 4 to 8 ounce (960 ml) glasses of water 75 minutes before the examination and do not urinate.

**6 PELVIC ULTRASOUNDS**

You must have finished drinking four 8-ounce (960 mL) glasses of water or juice 75 minutes before your examination and you must not urinate.

**6 A - Pelvic ultrasound:** Be sure to have a FULL BLADDER when you arrive for your appointment. You must have finished drinking four 8-ounce (960 mL) glasses of water or juice 75 minutes before your examination and you must not urinate.

**6 B - Pelvic obstetric third trimester:** no preparation required. Do not urinate before the examination.

**6 C - Pelvic obstetric ultrasound:** For first trimester and prenatal screening (nuchal translucency): Drink two 8-ounce glasses of water (480 mL) or juice one hour before the examination and do not urinate.

**7 CT SCAN**

A light meal (e.g. toast with jam, cereal or soup) is permitted before any type of CT scan. If it is a CT scan with contrast injection, please indicate if the patient is at risk of kidney failure (age, diabetes, etc.).

Creatinine: Ref. value: \_\_\_\_\_ Date: \_\_\_\_\_

**VIRTUAL COLONOSCOPY:** Please follow the preparation on our website.\*

**7 A - Calcium score:** Avoid exercising and consuming caffeine in the four hours before the exam.

**8 MAGNETIC RESONANCE (MRI)**

For abdominal examinations, MR cholangiographies, MR enterographies and pelvic MRIs, you must fast (no food or drink) for six (6) hours before your examination.

**9 CREATININE**

The creatinine clearance test can be performed on-site the same day.

**YOU MAY TAKE YOUR MEDICATION WITH A MINIMUM AMOUNT OF WATER UP TO TWO HOURS BEFORE YOUR EXAMINATION.**

\* You can find the specific preparation for your examination on our website: [imagix.biron.com/en](http://imagix.biron.com/en)

## WHERE TO FIND US

**GRANBY**

Radiologie Granby  
66 Court Street, Suite 100  
J2G 4Y5

Radiologie 440  
4650 Desserte S., Autoroute 440,  
Suite 135, H7T 2Z8

Radiologie Laënnec  
1100 Beaumont Avenue, Suite 104  
H3P 3H5

Radiologie Châteauguay  
230 Brisebois Blvd., Suite 201  
J6K 4W8

**LAVAL - LAURENTIDES**

Radiologie Blainville  
519 Curé-Labelle Blvd.,  
J7C 2H6

Radiologie Saint-Eustache  
375, avenue Mathers, bureau 120  
J7P 4C1

Radiologie Saint-Laurent  
1605 Marcel-Laurin Blvd., Suite 290  
H4R 0B7

Radiologie DIX30 (partnership)  
9090 Leduc Blvd., Suite 190  
J4Y 0E2

Radiologie Chomedey  
610 Curé-Labelle Blvd.,  
H7V 2T7

Radiologie Sainte-Thérèse  
233 Turgeon Street, Suite 104  
J7E 3J8

**MONTÉRÉGIE**

Radiologie Boucherville  
600 Fort St-Louis, Suite 202  
J4B 1S7

**TROIS-RIVIÈRES**

Radiologie des Récollets  
1900 des Récollets Blvd., Suite 185  
G8Z 4K4

Radiologie Sainte-Dorothée  
3 Samson Blvd., Suite A  
H7X 3S5

**MONTREAL**

Radiologie Montréal-Nord  
5636 Henri-Bourassa Blvd. East,  
H1K 2T2

Radiologie Brossard  
2340 Lapinière Blvd., Suite A  
J4Z 2K7

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