VM MED

General Radiology & MRI
1538 Sherbrooke St. W, Suite 1010
Montreal, QC H3G 1L5
T: 514-933-2778 E: rad@vmmed.com

Nuclear Medicine, PET/CT & CT scan
2345 Guy St.
Montreal, QC H3H 2L9
T: 514-933-5885 E: petct@vmmed.com

PATIENT INFORMATION

First Name _____
Last Name _____
Date of Birth _____
Telephone _____
Email _____

REFERRING PHYSICIAN INFORMATION

Date YYYY / MM / DD
Name _____ License # _____
Address _____
Telephone _____ Fax : _____
Signature _____

CLINICAL INFORMATION – *Mandatory*

* MAGNETIC RESONANCE IMAGING [MRI] – *with appointment only* ❶

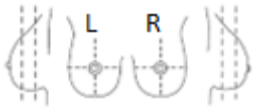
- ☐ Brain
- ☐ MRA – Circle of Willis
- ☐ Sella turcica (pituitary)
- ☐ Sinus
- ☐ Orbits
- ☐ I.A.C.
- ☐ MRA – Neck (carotid)
- ☐ Soft tissue neck
- ☐ Pharynx
- ☐ Brachial plexus
- ☐ Thorax
- ☐ Breast
  - ☐ MRI guided biopsy
- ☐ Abdomen (liver, kidney, etc.)
- ☐ MRCP
- ☐ Pelvis (uterus, ovaries, etc.)
- ☐ Pelvis (bony)
- ☐ Cervical spine
- ☐ Dorsal spine
- ☐ Lumbar spine
- ☐ Soft tissue
- ☐ MRI arthrogram, specify : ☐ L ☐ R _____
- ☐ Musculoskeletal, specify : ☐ L ☐ R _____
- ☐ Other, specify : _____

X-RAY – *without appointment*

HEAD | NECK	*CHEST | RIB | ABDOMEN*	*SPINE | PELVIS*	*UPPER EXTREMITIES*	*LOWER EXTREMITIES*
☐ Skull	☐ Chest	☐ Cervical spine	☐ Acromioclavicular joints	☐ Femur ☐ L ☐ R
☐ Facial bones	☐ Ribs ☐ L ☐ R	☐ Dorsal spine	☐ Sternoclavicular joints	☐ Knee ☐ L ☐ R
☐ Mandible (jaw)	☐ Sternum	☐ Lumbar spine	☐ Bone age	☐ Leg (Tibia) ☐ L ☐ R
☐ Neck soft tissue	☐ Abdomen (KUB)	☐ Sacroiliac joints	☐ Clavicle ☐ L ☐ R	☐ Ankle ☐ L ☐ R
☐ Nasal bones	☐ Abdominal series	☐ Pelvis	☐ Scapula ☐ L ☐ R	☐ Foot ☐ L ☐ R
☐ Orbits		☐ Hip ☐ L ☐ R	☐ Shoulder ☐ L ☐ R	☐ Heel ☐ L ☐ R
☐ Mastoid bones		☐ Sacrum	☐ Humerus ☐ L ☐ R	☐ Lower extremity measurements
☐ T.M.J.		☐ Coccyx	☐ Elbow ☐ L ☐ R	
		☐ Scoliosis series	☐ Forearm ☐ L ☐ R	
☐ Other, specify : _____			☐ Wrist ☐ L ☐ R	
			☐ Hand ☐ L ☐ R	

MAMMOGRAPHY | BONE DENSITOMETRY – *without appointment*

- ☐ Diagnostic ❷
- ☐ * Screening ❷
- ☐ Magnification (additional) views ❷
  - ☐ L ☐ R



- ☐ Bone densitometry ❸
  (including dorso-lumbar spine profile)
  Date of last exam : YYYY / MM / DD
  - ☐ + Lipo

MUSCULOSKELETAL TREATMENT – *with appointment only* ❹

MUSCULOSKELETAL TREATMENT	*MUSCULOSKELETAL FLUOROSCOPY*
☐ Diagnostic ultrasound and cortisone injection, region : _____	☐ Arthrography and cortisone injection, region : _____
☐ Cyst puncture or aspiration, region : _____	☐ Distension arthrography, region : _____
☐ Calcium lavage, region : _____	☐ Repeat 3X as required
☐ Other : _____	☐ Lumbar facet block(s), levels : _____

ULTRASOUNDS – *with appointment only*

GENERAL ULTRASOUNDS

- ☐ Abdominal ❺
- ☐ Pelvis ❻
- ☐ Endovaginal
- ☐ Thyroid
- ☐ Surface
- ☐ Prostate
- ☐ Breast
- ☐ Testicular
- ☐ Renal

MUSCULOSKELETAL ULTRASOUNDS

- ☐ Hip ☐ L ☐ R
- ☐ Wrist ☐ L ☐ R
- ☐ Foot ☐ L ☐ R
- ☐ Hand ☐ L ☐ R
- ☐ Elbow ☐ L ☐ R
- ☐ Knee ☐ L ☐ R
- ☐ Shoulder ☐ L ☐ R
- ☐ Ankle ☐ L ☐ R

VASCULAR ULTRASOUNDS

- ☐ Carotid doppler
- ☐ Hepatic doppler
- ☐ Renal doppler, including abdomen
- ☐ Venous doppler (upper or lower limb)
- ☐ Arterial doppler (upper or lower limb)

OBSTETRICAL ULTRASOUNDS

- ☐ First trimester pelvic OB exam (fetal heart and dating) ❼
- ☐ Follicular count

* PET/CT, NUCLEAR MEDICINE & CT SCAN – *with appointment only* 2345 GUY STREET [514-933-5885] ❽

CT SCANS

- ☐ Brain
- ☐ Sinus
- ☐ Neck
- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Enteroscan
- ☐ Internal auditory canals
- ☐ Angioscan
- ☐ Virtual colonoscopy
- ☐ Other

Creatinine level :

- ☐ Spine, specify : _____
- ☐ Musculoskeletal, specify : _____

PET/CT

- ☐ PET Oncology ❿
- ☐ PET Neurology : FDG ☐ Amyloïd ☐

SCINTIGRAPHY STUDIES

- ☐ Bone
- ☐ Myocardial perfusion (MIBI)
- ☐ Nuclear ventriculography (MUGA)
- ☐ Renal ☐ Captopril ☐ Lasix
- ☐ Thyroid
  - ☐ Tc99mm ☐ Iodine 123
- ☐ Parathyroids
- ☐ Gastric emptying
- ☐ DAT SPECT
- ☐ White blood cells (Infection)
- ☐ Red blood cells (Hemangiomas)
- ☐ Other :

* Non-RAMQ covered service, fees may apply. If appointment is cancelled with less than 24hrs notice, cancellation fees may apply.

VM MED

Canadian Association of Radiologists

QUESTIONNAIRE FOR MAGNETIC RESONANCE IMAGING (MRI) AND FLUOROSCOPIC GUIDED INJECTION

Important questionnaire to be completed by the physician and the patient.

Weight : _____ Height : _____

Yes	No		Yes	No	
☐	☐	Pregnant	☐	☐	Recent surgery (last 2 month) with clips or prosthesis
☐	☐	Breast feeding	☐	☐	Hypoglycemic medications, list _____
☐	☐	Are you menstruating every month?	☐	☐	Other medications, list _____
☐	☐	Claustrophobic?	☐	☐	Renal failure
☐	☐	Diabetic? If yes, which type _____	☐	☐	Chemotherapy
☐	☐	Pacemaker, defibrillator, stent, electrode fragment	☐	☐	Radiotherapy
☐	☐	Subcutaneous implanted insulin pump	☐	☐	Metallic ventricular shunt
☐	☐	Catheter	☐	☐	Joint prosthesis – site : _____
☐	☐	Clips for cerebral, aortic, neck, or any other aneurysm	☐	☐	Fracture treated with rod, plate, screw, nails – site : _____
☐	☐	Bird's nest or umbrella IVC filter implanted < 3 months	☐	☐	Cortile or Harrington rod(s) – site : _____
☐	☐	Cochlear implants (inner ear)	☐	☐	Clips, sutures, or metallic mesh – site : _____
☐	☐	Magnetic ocular implants or magnetic fragment in the eye ❾	☐	☐	Shrapnel or firearm projectile – site : _____
☐	☐	Magnetic penile implant	☐	☐	Previous surgery with metal – date : _____
☐	☐	Allergies to contrast agents (ie., iodine, gadolinium)	☐	☐	Medicated patch
☐	☐	Prior reactions to contrast agents : _____	☐	☐	Medicated dressing (with AG / Silver)
☐	☐	Any other allergies (latex, etc.) : _____	☐	☐	Tattoo
☐	☐	Prior contrast injection (iodine or gadolinium) for CT scan, cardiac catheterization, kidney stones or MRI in the last 48 hours	☐	☐	Are you taking any hormones, list _____

I have completed and reviewed the above questionnaire with my physician. The information is correct and complete, and I consent to the exam.

Patient's Signature	Physician's Signature	YYYY / MM / DD Date

IMPORTANT REMINDERS

Please bring this form, any previous images, 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.

❶ **Magnetic Resonance Imaging (MRI)** – For abdominal pelvic and breast MRIs, you must fast (no food or drink) for four (4) hours before examination. NOTE: All MRI exams are a non-RAMQ insured service. Fees will apply.

❷ **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 images (CD) and the report for comparison. NOTE: Screening mammograms are a non-RAMQ insured service at our Clinic. Fees will apply.

❸ **Bone Densitometry** – The patient must not have undergone any examination with barium or nuclear medicine for the last fourteen (14) days before their appointment with us. **DO NOT TAKE CALCIUM SUPPLEMENTS OR VITAMINS FOR 24 HOURS BEFORE THE DAY OF THE EXAMINATION.**

❹ **Musculoskeletal Treatment** – The prescription for musculoskeletal treatment will be sent to our pharmacy, located in our building. Please pick up your medication and bring it to your appointment.

❺ **Abdominal Ultrasound** – Fast (no food or drink) for four to six (4 to 6) hours before examination and do not chew gum before for the examination. **YOU CAN TAKE ANY MEDICATION YOU ARE REQUIRED TO, BUT WITH LITTLE WATER.**

❻ **Pelvic Ultrasound** – You must drink four 8-oz. glasses of water (960 ml in total) 1 hour before the examination and **not have urinated**.

❼ **Pelvic Obstetrical Ultrasound** – For first trimester and pre-natal screening, drink two 8oz (480mL total) glasses of water **1 hour before the examination and do not urinate**.

❽ **Nuclear Medicine, PET/CT and CT Scan** – NOTE: These exams are non-RAMQ insured service. Fees will apply.

❾ **Ocular Implant or Fragment** – If you are not sure if you have an ocular implant or any fragment in your eye, please get an Orbits x-ray before your examination.

❿ **PET Oncology** – For PET PSMA or PLUVICTO, use our dedicated referrals found on our website.

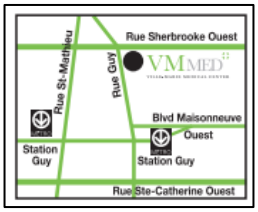
WHERE TO FIND US

For opening hours please consult our website, as hours vary by department.

MRI, X-Rays, Ultrasounds, Mammography
Fluoroscopy, Bone Densitometry
1538 Sherbrooke St. W, Suite 1010
Montreal, Québec H3G 1L5
T: 514-933-2778
F: 514-933-4728
E: rad@vmmed.com
www.vmmed.com

Nuclear Medicine, PET/CT, CT Scan

2345 Guy St.
Montreal, Québec H3H 2L9
T: 514-933-5885
F: 514-933-4646
E: petct@vmmed.com
www.vmmed.com



* Non-RAMQ covered service, fees may apply. If appointment is cancelled with less than 24hrs notice, cancellation fees may apply.