

JDMI MRI Rejection Criteria

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The section below outlines strict criteria that will be utilized by the JDMI booking departments to determine acceptance of submitted paper requisitions.

The following criteria have been developed in order to further improve the quality of JDMI services and each of our patient's exam experience. Quality imaging starts with a quality requisition.

Please play your part in ensuring that each requisition is **filled to completion, and legible**. All requisitions that are either missing information or illegible will be faxed back to the originating address with no resulting appointment date.

Your help will ensure that patients receive the most appropriate exam with the shortest wait time possible.

Thank you for your cooperation and assistance in this quality initiative.

MISSING NOT LEGIBLE

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Patient Name / Date of Birth / Complete address |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient Health Card number |
| <input type="checkbox"/> | <input type="checkbox"/> | Area(s) to be scanned |
| <input type="checkbox"/> | <input type="checkbox"/> | Clinical Information |
| <input type="checkbox"/> | <input type="checkbox"/> | Physician name / address / signature |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient screening information |
| <input type="checkbox"/> | <input type="checkbox"/> | Patient has history of metal work (grinding/welding). Please resubmit the requisition with an orbit x-ray report |
| <input type="checkbox"/> | <input type="checkbox"/> | Orbit x-ray report |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgical / Operative note on implanted device (e.g. aneurysm clip; cardiac valve; cardiac stent) |

INCORRECT

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Requisition Type: complete and re-submit attached MRI requisition |
| <input type="checkbox"/> | UHN internal physicians must enter MRI request through EPR |
| <input type="checkbox"/> | Faxed to wrong UHN hospital location: re fax to UHN Central Booking Office |