

PATIENT

Office use only:

Exam code: _____

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Address: _____ Postal Code: _____

City: _____ Province: _____

Phone#: _____ (HOME) _____ (WORK / CELL)

AHC# WCB#

Patient Pay Affiliate

Age: _____ DOB: _____ (MM / DD / YYYY)

Male Female

REFERRAL

Referring Physician: _____

Clinic Name: _____

Fax reports to #: _____

Send copy to: _____

Clinic name: _____

Fax reports to #: _____

HISTORY AND PROVISIONAL DIAGNOSIS:

Weight: _____ Kg lbs

Height: _____ cm in

Please provide relevant prior imaging and/or reports with requisition

Claustrophobic: Yes No *If yes, prescribe anxiolytic.*

Pregnant: Yes No LMP: _____ (MM / DD / YYYY)

Breastfeeding: Yes No

Does the patient have a pacemaker, glucose monitoring device, cerebral aneurysm clip/coil, or any other implanted surgical device?

Yes No

If yes, please provide details: _____

Has the patient ever had a metallic foreign body in their eye? Yes No

If yes, was it removed by a physician? Yes No

If no, was an orbital x-ray performed? Yes No

Location x-ray was performed: _____

Does the patient have known renal insufficiency renal function? Yes No (eGFR <30ml /min / 1.73m²) or on dialysis:

If yes, GFR= _____ Draw date: _____ (MM / DD / YYYY)

EXAM TYPE

HEAD:

- BRAIN
 - Routine
 - MS
 - MS Screen (Head & Cervical Cord)
 - Seizure
 - Dementia
 - MRA
 - MRV
- Internal Auditory Canal (IAC)
- Trigeminal Nerve
- Orbits
- Paranasal Sinuses
- Pituitary/Sella
- TMJ

BODY:

- Abdomen
- Abdomen & Pelvis
- Enterography (Small Bowel)
- Brachial Plexus
- Chest Wall
- Soft Tissue Mass
- MRCP
- Contrast Enhanced MRA
 - Aorta
 - Carotids
 - Other: _____
- Soft Tissue Neck
- Pelvis
- Prostate

JOINTS: Right Left

- Ankle
- Elbow
- Foot
- Hand
- Hip
- Knee
- Shoulder
- Wrist
- MR Arthrogram
(Check joint also)

SPINE:

- Cervical
- Thoracic
- Lumbar
- L-spine Spondylolysis Screen
- Sacroiliac Joints
- Complete Spine

WHOLE BODY SCREEN:

- Brain, neck, chest, abdomen & pelvis cancer screen, plus brain & aortic aneurysm screen

NEURO SCREEN:

- Brain (plus aneurysm screen), complete spine

Comprehensive Screen

- Combination of Whole Body and Neuro Screen

OTHER:

ATTENTION

PATIENTS WITH THE FOLLOWING CONDITIONS CANNOT RECEIVE AN MRI AT U3T:

Cardiac Pacemaker Defibrillator Cochlear Implant Neurostimulator

PATIENTS AGED 8 - 17 WILL ONLY RECEIVE AN MRI IF ORDERED BY A PHYSICIAN LICENSED IN CANADA. U3T DOES NOT SCAN PATIENTS UNDER THE AGE OF 8.