

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: _____ Send copy to: _____
 Clinic name: _____ Clinic name: _____
 Fax reports to #: _____ Fax reports to #: _____

HISTORY AND PROVISIONAL DIAGNOSIS:

Does the patient have a cardiac valve, stent, cerebral aneurysm clip/coil, or any other implanted surgical device?
 Yes No
If yes, please provide details: _____

Does the patient have a history that could result in a metallic foreign body in their eye (e.g., working with metal)?
 Yes No *If yes, was it removed by a physician?* Yes No
If yes, was an orbital x-ray performed? Yes No
If yes, location where performed: _____

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

Renal Function: Normal Abnormal
 If abnormal, GFR= _____ Creatinine= _____ Draw date: (MM/DD/YYYY) _____

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.

EXAM TYPE

HEAD: <input type="checkbox"/> Carotid & Circle of Willis MRA <input type="checkbox"/> Head: <input type="checkbox"/> Routine <input type="checkbox"/> MS <input type="checkbox"/> MS Screen (Head & Cervical Cord) <input type="checkbox"/> Seizure <input type="checkbox"/> Trauma <input type="checkbox"/> Internal Auditory Canal (IAC) <input type="checkbox"/> Orbits <input type="checkbox"/> Paranasal sinuses <input type="checkbox"/> Pituitary/Sella <input type="checkbox"/> TMJ	BODY: <input type="checkbox"/> Abdomen <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> MR Enterography (Small Bowel) <input type="checkbox"/> Brachial Plexus <input type="checkbox"/> Chest Wall <input type="checkbox"/> Extremity masses <input type="checkbox"/> MRCP <input type="checkbox"/> MRA Renal or Aorta <input type="checkbox"/> Neck <input type="checkbox"/> Pelvis <input type="checkbox"/> Piriformis <input type="checkbox"/> Prostate	JOINTS: Right <input type="checkbox"/> Left <input type="checkbox"/> <input type="checkbox"/> Ankle <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Hip <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist <input type="checkbox"/> MR Arthrogram <i>(Check joint also)</i>	SPINE: <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbar <input type="checkbox"/> L-spine Spondylolysis Screen <input type="checkbox"/> Sacroiliac Joints CANCER & ANEURYSM SCREEN: <input type="checkbox"/> Brain, neck, abdomen & pelvis cancer screen, plus brain & aortic aneurysm screen OTHER: _____
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- PREPARATION FOR MRI PROCEDURES:**
- Take medications as necessary.
 - Do not eat or drink for 4 hours before all abdominal studies – you may, however, take prescribed medications with a few sips of water.
 - Exams typically take 30 minutes.
 - Please discuss any allergies or medication requirements at time of booking.
 - Please inform the technologist if there is a possibility of pregnancy.
 - Unless otherwise specified, please arrive at least 30 minutes prior to your scheduled examination time. If you are late for your appointment, you may need to be rescheduled.
 - We require 24 hours notice to cancel or reschedule your appointment. "No shows" are subject to a \$100 administration fee.
 - Be prepared to provide your license plate number upon check-in for parking validation.
 - Patients will be asked to change into provided garments for their scan. Please do not wear or bring jewelry or valuables to your appointment. U3T cannot be responsible for lost or stolen valuables.
 - Please note that children requiring supervision CANNOT be brought to your appointment.
 - Please inform us of any limited mobility prior to your examination – wheelchair assistance is available upon request.
 - We accept Debit, Visa, Mastercard and Cash ONLY – we do not accept personal cheques.

