

MAGNETIC RESONANCE IMAGING (MRI) REQUEST EXAMINATION FORM

Name		Date of Birth (mm/dd/yy)		Sex	Weight
Address			City	Province	Postal Code
Home Phone		Work Phone		WCB# ICBC#	
Known Allergies				Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Semi-Urgent <input type="checkbox"/> STAT	Date

SAFETY

Is the patient pregnant? (If YES, # of weeks _____)	YES	NO
Is the patient a metal worker / had metal eye injuries? (If YES, orbital x-rays are required)	YES	NO
Does the patient have a Cardiac Pacemaker or Cardiac Defibrillator?	YES	NO
Does the patient have a Neuro or Bio Stimulator or Cochlear Implants?	YES	NO
Does the patient have Implanted Venous or Drug Infusion Device?	YES	NO
Does the patient have any other type of electronic, mechanical or magnetic implants?	YES	NO
If YES, specify type: _____		
Is the patient Claustrophobic? (If YES, sedation must be arranged by treating doctor or UCC prior to appointment)	YES	NO

AREA/TYPE OF EXAMINATION

Spine:	<input type="checkbox"/> MRA (circle of Willis)	<input type="checkbox"/> Cervical	<input type="checkbox"/> Thoracic	<input type="checkbox"/> Lumbosacral	<input type="checkbox"/> Coccyx
Extremities:	<input type="checkbox"/> Knee L or R	<input type="checkbox"/> Wrist L or R	<input type="checkbox"/> Hip L or R	<input type="checkbox"/> Shoulder L or R	
MR Arthrogram:	<input type="checkbox"/> Ankle L or R	<input type="checkbox"/> Elbow L or R	<input type="checkbox"/> Pelvis		
	<input type="checkbox"/> Other _____				

HISTORY

History and Clinical Diagnosis: (Please Include prior surgery, special instructions if any)	List Previous Relevant Exams, (please submit images & reports). 1 _____ 2 _____ 3 _____ 4 _____
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CHIROPRACTOR INFORMATION (requisition will be returned if name or license # is illegible)

Referring Chiropractor (please print): _____

Referring Chiropractor Signature (required): _____

College License #: _____ Phone#: _____ Fax#: _____

Additional Copies: _____

OFFICE USE ONLY

Date of Exam: ___ / ___ / ___	Time: _____	Gadolinium: YES NO	Buscopan: YES NO
Protocol:	Technologist Comments:		



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