

PATIENT

Appointment date / time:

Name: (LAST) (FIRST) (MIDDLE)
Address: Postal Code:
City: Province:
Phone #: (HOME) (WORK / CELL)

Office use only:

Exam code:

☐ 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:

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:

Renal Function: ☐ Normal ☐ Abnormal

If abnormal, GFR= Creatinine= Draw date: (MM / DD / YYYY)

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

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:

- ☐ Carotid & Circle of Willis MRA
☐ Head:
☐ Routine
☐ MS
☐ MS Screen (Head & Cervical Cord)
☐ Seizure
☐ Trauma
☐ Internal Auditory Canal (IAC)
☐ Orbits
☐ Paranasal sinuses
☐ Pituitary/Sella
☐ TMJ

BODY:

- ☐ Abdomen
☐ Abdomen & Pelvis
☐ MR Enterography (Small Bowel)
☐ Brachial Plexus
☐ Chest Wall
☐ Extremity masses
☐ MRCP
☐ MRA Renal or Aorta
☐ Neck
☐ Pelvis
☐ Piriformis
☐ 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

CANCER & ANEURYSM SCREEN:

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

OTHER:

PREPARATION

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.

