

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:

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.

