



MRI Requisition

Suite 108, 3001 Gordon Avenue
Coquitlam, British Columbia V3C 2K7
tel 604.941.8780 fax 604.941.8709
www.medrayimaging.com

We will contact your patient and book the appointment within 2-3 days of receiving the requisition.

Interpreter needed?: Yes No

Language: _____

Patient Last name: _____ First name: _____

Address: _____ Birth date: _____

City: _____ Patient phone (day): _____

Postal code: _____ Gender: M F Patient phone (night): _____

Medical Plan # _____ WCB/ ICB Claim # _____

WCB RCMP Self Pay Other: _____

Medical History

Exam requested: _____

Present complaint/ relevant history: _____

Relevant prior examinations (CT/ US/ MRI/ X-RAY) (list and attach reports): _____

Renal function (Creatinine or eGFR): _____

Allergies/asthma (specify): _____

Known or communicable infectious diseases (specify): _____

Physician Information

Referring Physician: _____ Physician signature: _____

Address: _____ Phone: _____

City: _____ Fax: _____

Copies to: _____

Patient Screening

Appointment will not be scheduled until the following questions are answered.

1. Has the patient ever had a metallic foreign body in the eye or ever been a grinder, metal worker or welder? No Yes
If so, orbital x-rays are required.

2. Does the Patient have:
a. Cardiac pacemaker, wires or defibrillator? No Yes
b. Cerebral aneurysm clip? No Yes
c. Implanted stents or filters? No Yes
d. Electrical stimulator device? No Yes
e. Shrapnel/ bullets? No Yes
f. Middle ear prosthesis or Cochlear implant? No Yes
g. Other metallic devices or objects in or on body (e.g. surgical clips, staples, heart valves, orthopedic hardware, other)? No Yes
Details: _____

3. Is the patient pregnant or nursing? No Yes
LNMP

4. Is the patient claustrophobic? No Yes

5. Is sedation required? No Yes
(If sedation is required, the patient will be unable to drive following the exam.)

6. How much does the patient weigh? No Yes
(Max weight allowed 350 lbs)