



**Premium MRI Service to Fit Your Schedule**

Located At: **Panorama Village Shopping Centre**  
**Hwy 10 and 152 Street, Surrey**  
**Near the YMCA**

**104 15137 56 Ave, Surrey BC V3S 9A5**  
**Tel: (604) 575-5566**  
**Fax: (604) 575-5414**

**Appt Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Interpreter needed  Yes  No

Language: \_\_\_\_\_

Date required	
Sex M F	Surname First Name
Address	
City & Postal Code	Home Phone
Date of Birth (dd/mm/yy)	Work Phone
Health Card #	WCB/ICBC Claim Number

**MAGNETIC RESONANCE (MRI) REQUISITION**

<b>EXAM REQUESTED:</b>	<b>PLEASE PROVIDE DETAILS OF RELEVANT PREVIOUS STUDIES:</b>
<b>HISTORY:</b>	<p><b>PATIENT SAFETY INFORMATION:</b></p> <p><b>Do any of the following apply to this patient? (please encircle)</b></p> <p>Cerebral Aneurysm Clip                      Cardiac Pacemaker/Defibrillator</p> <p>Neuro Stimulator                              Middle Ear Prosthesis/Cochlear Implant</p> <p>Orbital Foreign Body      Shrapnel or Bullet              Orthopedic Device</p> <p>Venous Access Device                              Intravascular Coil, Stent or Filter</p> <p>History as a metal worker</p> <p><b>If yes please provide details:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> <b>None of the above apply</b></p>

Requesting Physician: \_\_\_\_\_ MSP#: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Copies of Report: \_\_\_\_\_ Fax: \_\_\_\_\_