



**TWO MRI LOCATIONS IN VICTORIA, BRITISH COLUMBIA**

**FORT STREET - 1.5T MRI**  
 301-1990 Fort St.  
 Victoria, British Columbia, V8R 6V4

**UPTOWN MALL - 3.0T MRI**  
 243 - 3561 Blanshard St.  
 Saanich, British Columbia V8Z 0B9

Tel: (250) 412-1780 Fax: (250) 598-3594

Email: vicmri@westcmi.com

**MRI REQUEST FOR EXAMINATION**

**Patient Information**

Last Name			First Name			/ /			Age		
Sex ( M / F )			Weight (lbs.)			Date of Birth ( MM / DD / YYYY )					
Address						City					
Province			Postal Code			Home Phone					
Work Phone						Health Card Number					

**Clinical History**

<b>Any communicable infectious diseases known or suspected please indicate:</b>  <b>Clinical Information (please specify):</b>	<b>Previous Relevant Exams</b>			
	<b>Exam</b>	<b>Yes</b>	<b>When</b>	<b>Where</b>
	MRI:	<input type="checkbox"/>		
	CT:	<input type="checkbox"/>		
	X-Ray:	<input type="checkbox"/>		
	US:	<input type="checkbox"/>		
	NM:	<input type="checkbox"/>		
	Other: _____			
	<i>Please fax all relevant reports with requisition.</i>			

**Exam Requested**

	<b>Patient Safety Information</b>	
	<b>Yes</b>	<b>No</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
		Pacemaker and/or Cardiac Defibrillator
		Ear or Eye Implant
		An Intracranial Aneurysm Clip
		Intravascular Coil, Stent or Filter
		Is the patient a metal worker/had metal eye injury? (if YES, orbital X-rays may be required)
		Is the patient Claustrophobic? (if YES, physician ordered sedation advised)

**Physician Information - Please Include Signature**

_____ Physician Name		_____ Date		REFERRING PHYSICIAN OFFICE STAMP
_____ Phone		_____ Fax		
_____ Copy to		_____ Physician Signature		
				Practitioner Number: _____

**Booking Instructions**

- Referring physician please fax requisition form to MRI clinic
- MRI clinic will conduct a detailed screening with the patient over the phone when booking the appointment
- A faxed report will be sent to the referring physician within 48 hours of examination

