KELOWNA

MRI Request Form

Fax: 250.860.4546
#101 3320 Richter Street
Kelowna BC V1W4V5
Phone: 250.860.4848
Toll Free Phone: 1.866.966.4848

PATIENT DETAILS

Last Name: | First Name:

Address: | Postal Code:

Phone: | Alt. Phone:

DOB (mm/dd/yy): | Weight (must be <500lb): | ☐ Male ☐ Female

PHN# | Third Party Payor:

WorkSafeBC Claim#

For all WorkSafeBC patients, please fax directly to 1.604.233.9777

PATIENTS WILL NOT RECEIVE AN MRI FOR THE FOLLOWING REASONS:

Cardiac Pacemaker • Cochlear Implants • Active Communicable Disease
Programmable Hydrocephalus Shunts • Under the age of 16 and require contrast

SAFETY SCREENING:

Pregnant? ☐

Dialysis? ☐

Claustrophobic? ☐

(Image One does not provide sedation)

Surgically Implanted Devices? ☐
Please list here:

Please order an orbital x-ray if known metallic foreign body in eyes.

MRI EXAM(S) REQUESTED:

CLINICAL HISTORY:

Please provide relevant previous imaging.

PREVENTATIVE SCREENING:

☐ **WHOLE BODY MRI*** (head to knees)

☐ **BRAIN HEALTH** (includes quantitative brain report with SyMRI®)

☐ **BODY COMPOSITION MRI** MRI-based measurements using AMRA® for monitoring weight loss/fitness progress. (diagnostic study+ AMRA®)

**Detailed studies of specific areas of the body can be added to the Whole Body MRI at an additional cost*

PHYSICIAN DETAIL

Name: | Fax:

Address: | Physician's College Number:

Phone: | Date:

Signature: