cmi
canadian magnetic imaging

MRI Patient Requisition & Fax Form

Please fax completed form to Canadian Magnetic Imaging at 604.733.4424

Patient Information:

Patient Name: _____ Phone Res: _____

Address: _____ Phone Work: _____

_____ Phone Cell: _____

Age: _____ Date of Birth: _____ (Day/Month/Year) Sex: _____ Weight: _____

History/Symptoms: _____

_____

_____

Area to examine: _____

_____

Looking for: _____

_____

Referring Physician: _____ Phone: _____ Fax: _____

Physician's Address: _____

City: _____ Province: _____ Postal Code: _____

_____

Referring Physician's Signature

Please send any prior MRI or CT exams and reports related to this condition.

Hycroft Centre, 18–3195 Granville Street, Vancouver, BC V6H 3K2
tel 604.733.5563 toll free 1.877.268.8530 fax 604.733.4424 WWW.CANMAGNETIC.COM