WHOLE BODY MRI

MY HEALTH MY LIFE

wholebodymri.ca
book@wholebodymri.ca

Phone: (647) 910-2639
Fax: (416) 572-8704

Patient First Name | Patient Last Name | Referring Physician Name

Home Phone | Cell Phone | Phone | Fax

OHIP # | Version Code | Sex M | F | DD / MM / YYYY Date of Birth | DD / MM / YYYY Date

If through corporate/executive health ; provide company name : ______________________ Phone ______________

48-hour notice required to cancel appointment or $200 charge billed.

DD / MM / YYYY Appointment Date | Appointment Time

The patient has confirmed that the below studies are being performed strictly for screening purposes and not to evaluate a known medical condition or symptomatic issue.

STUDY TO BE PERFORMED - PLEASE CHECK ALL THAT APPLY

- ❐ WHOLE BODY MRI SCREENING EXAMINATION
- ❐ CORONARY CTA & CALCIUM SCORING
- ❐ CARDIAC CALCIUM SCORING
- ❐ PROSTATE MRI SCREENING
- ❐ BREAST MRI SCREENING (LOW RISK)
- ❐ BREAST IMPLANT MRI
- ❐ LIVER FAT QUANTIFICATION MRI

Doctor's Signature ______________________ Copy To: ______________________

LIST ALL SURGERY

Please list all surgeries and specify a date and type.

____
DD / MM / YYYY
____
DD / MM / YYYY
____
DD / MM / YYYY

Weight ______ Height ______

Date of last menstrual cycle

Date DD / MM / YYYY

FOR MRI PATIENTS

	YES	NO
Have you had a previous MRI?	❐	❐
Has metal ever gone into your eye?	❐	❐
Are you claustrophobic?	❐	❐
Allergy to cadmium contrast?	❐	❐

DO YOU HAVE ANY OF THE FOLLOWING:

	YES	NO
Aneurysm Clips	❐	❐
Artificial Cardiac Valve	❐	❐
Cardiac Pacemaker	❐	❐
Cochlear Implants	❐	❐
Coil/Stents	❐	❐
Neurostimulator	❐	❐
Retained Pacing Wires	❐	❐
Shrapnel/Bullets	❐	❐

Other implanted devices ______________________

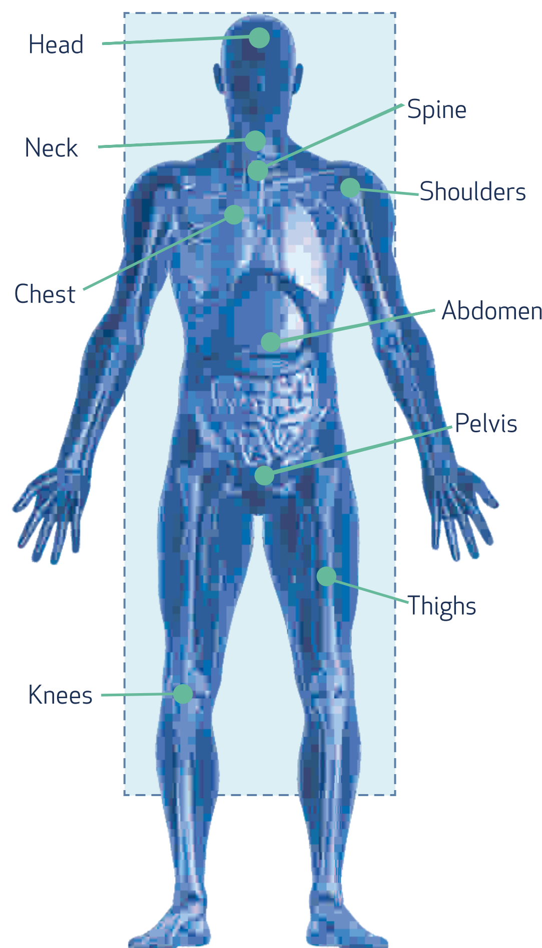
If YES to any, please specify (date, type, implant model):

____

FOR CT PATIENTS

	YES	NO
Previous reaction to IV contrast?	❐	❐

Area Covered By Whole Body MRI



Mississauga
The Emerald Centre
10 Kingsbridge Garden Circle
Mississauga ON L5R 3K6

Ajax/Pickering
Harwood Plaza
300 Harwood Avenue
Ajax ON L1S 2J1

FAX COMPLETED REQUISITIONS TO: (416)-572-8704
OR EMAIL TO: book@wholebodymri.ca
*Patient will be directly contacted to schedule an appointment