



WEST COAST MRI

3997 Hastings Street Burnaby, BC V5C 2H8 Tel: (604) 568-6805 Fax: (604) 568-6903

MAGNETIC RESONANCE (MRI) REQUISITION

Surname		First Name		Address		City	
Sex	M	F	Date of Birth (dd/mm/yy)	Postal Code	Work Phone	Home Phone	
Health Card #				Worksafe BC Claim #			
EXAM REQUESTED:				HISTORY:			
RELEVANT PREVIOUS STUDIES:				SAFETY INFORMATION:			
				History of Eye Injury Involving Metal Fragment? <input type="checkbox"/> YES <input type="checkbox"/> NO Surgically Implanted Devices <input type="checkbox"/> None If so please indicate:			
Requesting Physician: _____ MSP#: _____ Phone: _____ Address: _____ City _____ Prov: _____ Fax: _____ Postal Code: _____ Copies of Report to: _____							
							A3.0