

MRI REQUEST FORM

Appt Date/Time _____

PLEASE FAX A COPY OF THE REQUEST TO CENTRAL ALBERTA MEDICAL IMAGING SERVICES LTD. 403-309-0093

Patient Information

Name _____

M ☐ F ☐ Other ☐

Address _____

DOB (D/M/Y) _____

City _____

A.H.C.# _____

Province _____ Postal Code _____

WCB Claim # _____

Phone Home _____ Alt _____

Date of Injury (D/M/Y) _____

Clinical Information (Required)

Exam Requested



SEND ALL RELEVANT FILMS / REPORTS



For patient SAFETY the MRI Examination will NOT be booked unless this section is complete.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | Is the patient pregnant? |
| ☐ | ☐ | Is the patient claustrophobic? |
| ☐ | ☐ | Has the patient had cardiac or neurosurgery? |
| ☐ | ☐ | Cardiac pacemaker? |
| ☐ | ☐ | Aneurysm clip or surgery? |
| ☐ | ☐ | Neurostimulator? |
| ☐ | ☐ | Middle ear prosthesis? |

YES NO

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | Has the patient EVER injured their eye with metal? |
| ☐ | ☐ | Did the patient seek medical attention for that injury? |
| ☐ | ☐ | Does the patient have renal disease? |
| ☐ | ☐ | Does the patient have compromised renal function? |
| ☐ | ☐ | Is the patient on dialysis? |

Patient Weight: _____

Type, date and location of last surgical procedure: _____

Referring Physician

Stat Report ☐

Name _____

PRAC ID _____

Address _____

Signature _____

Phone _____ Fax _____

CC _____

_____ Fax _____

CAMIS Red Deer - Main

Address: 4312 54 Ave, Red Deer

Phone: 403-343-6172 | **Fax:** 403-309-0092

Ultrasound: Diagnostic, Prenatal, MSK
Breast Ultrasound
Echocardiography
Ultrasound-Guided Biopsy
Pain Management
Nuclear Medicine
ABI

Walk In X-Ray
CT Scans (Private)
Bone Mineral Densitometry (BMD)
Body Mass Composition Scan (BMC)
Screening Mammography
Diagnostic Mammography

CAMIS Red Deer North Gaetz

Address: Unit 130 - 7101 50 Ave, Red Deer

Phone: 403-755-8061 | **Fax:** 403-309-0092

Ultrasound:
- Diagnostic, Prenatal

CAMIS Red Deer Notre Dame Plaza

Address: Bay 1117 - 2827 30 Ave, Red Deer

Phone: 403-967-0672 | **Fax:** 403-754-4389

Ultrasound:
- Diagnostic, Prenatal, MSK
MRI / Private MRI

Walk In X-Ray
Pain Management

CAMIS Red Deer Gasoline Alley

Address: Unit 102 - 408 Lantern Street, Red Deer

Phone: 403-755-8068 | **Fax:** 403-309-0092

Ultrasound:
- Diagnostic, Prenatal

CAMIS Sylvan Lake

Address: 115 - 33 Beju Ind. Drive, Sylvan Lake

Phone: 403-864-0130 | **Fax:** 403-864-0131

Ultrasound:
- Diagnostic, Prenatal, MSK

CAMIS Olds

Address: 240-6700 46 Steet, Olds

Phone: 403-556-3554 | **Fax:** 403-556-8933

Ultrasound:
- Diagnostic, Prenatal

Echocardiography
Screening Mammography

CAMIS Stettler

Address: 4710 50 St, Stettler

Phone: 403-742-2240 | **Fax:** 403-742-1188

Ultrasound:
- Diagnostic, Prenatal

Echocardiography

CAMIS Innisfail

Address: Unit 100 - 4824-46 Ave, Innisfail

Phone: 825-639-2070 | **Fax:** 587-823-2934

Ultrasound:
- Diagnostic, Prenatal

CAMIS Lacombe

Address: 121, 5250 45 Street, Lacombe

Phone: 825-640-3050 | **Fax:** 403-789-1141

Ultrasound:
- Diagnostic, Prenatal

Echocardiography
Pain Management

CAMIS Rocky Mountain House

Address: Unit 2 - 5020 44 Street, Rocky Mtn House

Phone: 587-798-1484 | **Fax:** 403-864-0131

Ultrasound:
- Diagnostic, Prenatal

Echocardiography

CAMIS Drayton Valley

Address: Unit 3 - 5004 50 Ave, Drayton Valley

Phone: 587-673-1727 | **Fax:** 825-317-2501

Ultrasound:
- Diagnostic, Prenatal
Screening Mammography
Echocardiography

Walk In X-Ray
Bone Mineral Densitometry (BMD)
Body Mass Composition Scan (BMC)