



Diagnostic Imaging Services Intake Form

Date:

Use this form to request MRI, CT, Nuclear Medicine, Ultrasound EMG Testing The services offered here are only non-government pay services (insurance, med-legal, WSIB/WCB, Blue Cross) Questions: 1 866 899 4674 NOTE: This form works with Internet Explorer and Google Chrome. If using Microsoft Edge or Mozilla Firefox, please download the form and open in Acrobat.

Step 1. Requestor: Identification

Company Name: Phone:

Name: (last,first) Fax:

E-Mail:

Step 2. Patient/Claimant Information:

Last Name: First Name

Gender: M F DOB: Tel: Cell:

Street: City: Prov:

Postal: Date of Loss: Policy#:

Claim#: Name of Licensed Insurance Co.

Step 3: Type of MRI test(s) required

Head / Brain: Brain MRI/SPECT: Brain DTI: Spine: Upper Extremity Upper Extremity 2:
Yes No Yes No Yes No

Lower Extremity 1: Lower Extremity 2: Other Comments

Is patient represented? Yes No

Can we contact patient? Yes No CD required? Yes No Appointment Time Frame? ASAP 10 Days

Other Testing Required: (click all that apply) Comments/Instructions/Clinical Info

EMG MIBI CT Scan Cardiac CT (CCTA)

Bone Scan SPECT X-RAY Ultrasound

Step 4. \ Doctor (In Ontario, Nurse Last Name: First Name
Practitioners can order an MRI scans.)

Street Address:

City: Prov: Postal: Phone: Fax:

SUBMIT: *Alternate: Print Sign and Fax to: 1 866 307 1247*

Signature: _____

(if not sending by e-mail)