cmi
canadian magnetic imaging

www.canmagnetic.com
(604) 733.5563

Physician Information

High Field 1.5 Tesla Wide-Bore MRI Clinic in the Hycroft Center, Vancouver

The CMI Advantage

Clinical Perspective – Uncompromised Diagnostic Confidence

- Utilizing leading edge, high field, open-bore technology with the 1.5 Tesla Siemens Magnetom Espree
- Established protocols for a broad array of specialized exams including Whole Body, Susceptibility Weighted Imaging (Mild Traumatic Brain Injury) and MR Enterography
- A team of three multi-disciplinary Radiologists from St. Paul's Hospital
- The only clinic in BC offering truly contingent litigation scans so that if the patient does not recover from their insurer, the scan is free

Patient Perspective – Revolutionary Openness & Comfort

- Large Wide-bore design (2.4 feet) allowing twice the head space of traditional, vertical-field magnets
- More than 60% of the exams are performed with the patient's head outside of the magnet significantly reducing patient anxiety & claustrophobia
- Can accommodate patients up to 550 lbs

The Referral Process

CMI accepts referrals from all licensed BC physicians

- Simply fill out & sign the attached Requisition Form and **fax to (604) 733-4424**
- Upon receipt of the Requisition, a CMI representative will contact the patient to schedule an appointment
- Nonexistent wait list - Appointments can be made within 24-48 hours
- A full report will be sent to you within 2-3 business days

Online Communication System (P.A.C.S.)

- CMI's state-of-the-art Picture Archive Communications System (P.A.C.S.); a web-based system that allows for immediate access to your patients images & reports from the convenience of your office, clinic or home

Hycroft Centre: Suite 18 – 3195 Granville Street (at 16th Ave.) Vancouver BC V6H 3K2
Tel: 604.733.5563 Fax: 604.733.4424 Toll Free: 1.877.268.8530
Email: info@canmagnetic.com Web: www.canmagnetic.com

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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: _____ Sex: _____ Weight: _____
(Day/Month/Year)

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