Atlas Radiology Consultants

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Winnipeg, MB, Canada R2X 2M4
Phone/Fax: 888.390.RADS (7237)
Phone: (204) 599-3107

Ordering Doctor: _____ Date: _____

Ordering Clinc: _____

Address: _____
Street number Suite number

_____
City Province/State Postal Code/Zip

Office Phone Number: (____) _____ Fax Number: (____) _____

Send films/CD ☐ to Atlas Radiology for Interpretation

☐ to Dr's office with / without report by mail /courier / with patient

Patient Name: _____ Date of Study: _____

Patient DOB: _____ Age/Sex: _____

Pertinent clinical details/presumptive diagnosis:

_____

_____

MRI Studies Requested

(please circle if applicable)

☐ Head	with IV contrast	☐ MRA Head/Circle of Willis
☐ Neck	with IV contrast	☐ MRV Head
☐ Orbits	with IV contrast	☐ MRA Neck
☐ Cervical Spine	with IV contrast	☐ MRA Renal
☐ Thoracic Spine	with IV contrast	☐ MRA Aorta
☐ Lumbar Spine	with IV contrast	☐ MRA Other _____
☐ Chest	with IV contrast	
☐ Abdomen	with IV contrast	include chemical shift
☐ Pelvis	with IV contrast	

☐ Left ☐ Right Shoulder	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Humerus	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Elbow	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Forearm	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Wrist	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Hand	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Finger (_____ digit)	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Hips	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Thigh	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Knee	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Leg	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Ankle	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Heel	with IV contrast	with intra-articular arthrogram
☐ Left ☐ Right Foot	with IV contrast	with intra-articular arthrogram

Additional Comments: _____

(NOTE: Consent for IV contrast form must be included if requesting a contrast enhanced study)