



3T MRI • 1T Open MRI • 128 Slice CT • Fluoroscopy • Ultrasound X-Ray

CANADIAN ASSIST SCHEDULING FORM

Please Fax To (716) 839-3338 or call toll free 1-888-674-3939

Patient: _____

Phone Number: _____

Referring Doctor: _____

Address: _____

Phone: _____ Fax: _____

Type of Study: Check One:

CT _____ MRI _____ Open MRI _____ Ultrasound _____ Fluoroscopy _____ X-Ray _____

Body Part: _____

Diagnosis: _____

Clinical Symptoms:

For a CT with contrast performed on patients age 50 years and older, please provide the following if available:

Date of last blood work: _____

BUN: _____

Creatinine: _____

Doctor's Signature: _____

Please Attach Reports of any relevant diagnostic testing already performed.

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