



## Canadian Assist Scheduling Form

3T MRI • 1.5 AMBITION MRI • 128 SLICE CT • ULTRASOUND • X-RAY • SCREENING MAMMOGRAPHY • BONE DENSITY

Please fax to (716) 631-4051 or call toll free 1-888-674-3939

Patient: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Study (Check One):

☐ CT ☐ MRI ☐ Ambient MRI ☐ Ultrasound ☐ Screening Mammography ☐ X-Ray ☐ Bone Density

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.

Email form to: winRX@windsongwny.com

Fax: (716) 631-4051