



Name: _____
 Address: _____
 Phone Res: _____ Other: _____
 Date of Birth: _____ mm/dd/yyyy Age: _____ Male Female
 File/Claim #: _____ WCB (Y/N) _____
 Insurance #: _____ Approx. Weight _____

Appointment Details

Date: _____
 Time: _____

MRI and CT exams are not insured by Alberta Health Care

ALL EXAMINATIONS Please bring your Health Insurance Card and another piece of identification with this form.

Locations **Century Park** (MRI & CT) 201-2377 111 ST NW **College Plaza** (MRI) 7th Flr-8215 112 ST NW

Significant Clinical History / Clinical questions to be answered

Renal Failure Yes No GFR _____ Contrast Allergies? Yes No
 Date of L.M.P.: _____ Patient's Signature: _____

MRI

- Brain & Neck _____
- TMJ _____
- Spine (Level) _____
- Breast _____
- Abdomen _____
- Pelvis _____
- Prostate _____
- Joint (specify location) _____
 R L Arthrogram
- Other _____

Does the patient have any of the following?
 Yes No

- Pacemaker
- Ear or eye implant
- An Intracranial Aneurysm Clip
- Any type of heart surgery
- Any type of surgery within the past month
- Any type of stent or mechanical or electrical implant
- Has the patient ever had an eye injury with metal fragments
- Has the metal fragment been removed
- Gastroscopy or Colonoscopy since 2010

Please provide surgical report, make, model and serial # for all implanted devices or stents _____

Previous Relevant Exams

Please fill out date and location under the exam

- X-ray, Fluoro

- Ultrasound

- Nuclear Medicine

- CT

- MRI

CT

Diagnostic

- Head & Neck (specify)* _____
- Spine (level) _____
- Chest* _____
- Abdomen* _____
- Pelvis* _____
- Extremity _____
- Other _____

Health Assessment Exams

- Lung Cancer survey
- Virtual Colonoscopy
- Coronary Calcium Score (Heart)
- Coronary CT Angiography* (CCTA)

Cardiac History

- Chest Pain (Typical/Atypical)
- Known CAD
- Post MI
- Post PTCA/Stent(s)
- Post CABG
- Pacemaker

*(Imaging with contrast requires serum creatinine within the past 90 days)

Send Invoice to (please specify name):

Insurance Company / Employer: _____
 Contact: _____ Phone: _____ Fax: _____
 Address: _____

Payment by Patient

Practitioner's Name: _____
 Practitioner's Address: _____
 Copy to: _____ Fax Copy: _____
 Signature: _____

Physician's Stamp
& Practice ID

Official Diagnostic Imaging Provider for:





Preparation instructions for all MRI & CT exams

- Please arrive 15-20 minutes prior to your appointment time (unless stated otherwise). If you are late for your exam, there is a chance that we may have to re-schedule you.
- Bring your Health Insurance Card and another piece of identification with this form.
- If you are unable to keep your appointment, we ask that you call us 24 hours prior to your examination. We would be happy to re-schedule your appointment.

Preparation instructions exclusively for MRI exams

- **Abdomen** - Do not eat 4 hours prior to examination, you may drink clear fluids.

Preparation instructions exclusively for CT exams

- **Bring a list of your medications with dosages included**
Take all your medication(s) as directed by your physician. Should you have any questions about taking your medications for the test, contact your doctor's office.
- **CT imaging with contrast requires a serum creatinine (bloodwork) within the past 90 days to evaluate renal function**
- **For any CT exams requiring contrast**
Do not eat solid foods 4 hours prior to examination, and drink plenty of clear fluids.
- **CT Calcium Scoring**
No caffeine the morning of your examination. This includes such things as: coffee (*including decaffeinated coffees*), teas, colas, and soda pops, chocolate, Tylenol #1, #2, and #3 (*over the counter Tylenol products may be used*). If you are taking a prescription medication for pain relief, contact your pharmacist to ensure that it does not contain caffeine.
- **Coronary CT Angiography (CCTA) - Arrive 1 hour early for exam**
Do not eat solid foods the morning of your exam. You may drink clear fluids. If you normally take medication in the morning, you may continue to do so with clear fluids (*unless otherwise directed by your physician*)

No caffeine the morning of your examination. (*See CT Calcium Scoring for more details*)

No exercise the morning of your exam.

No barium studies 48 hours prior to this examination.

No erectile dysfunction medications (*eg. Viagra, Cialis*) 48 hours prior to your exam (*applies to both males and females*).
- **CT Abdomen/Pelvis**
Do not eat solid foods 4 hours prior to examination and drink plenty of fluids.
- **CT Virtual Colonoscopy**
Our office will contact you to provide preparation instructions and a preparation kit.

Locations

Hours of operation vary by examination

- ⌚ *Extended Hours available for X-ray*

Edmonton

College Plaza
7th Flr-8215 112 ST NW

Located on the 7th Floor. We provide complimentary parking in our building which has easy access to our office (accessed from 112 Street on 83 Avenue). There is also parking available in several locations around College Plaza. The Edmonton Transit System has several bus routes that serve our area as well as the LRT which stops at the Health Sciences Centre Station on 114 Street and is close to College Plaza.

For your convenience, there are several restaurants and coffee shops in the immediate area

- ⌚ **Century Park**
201-2377 111 ST NW

Located on the 2nd Floor, in a retail and business facility with ample free parking. The Edmonton Transit System has several bus routes that serve the area, as well as the LRT which stops at the Century Park station.

For your convenience, there are several restaurants and coffee shops in the immediate area.