





Booking & Inquiries Ph 780.433.1120 Toll Free 1.888.880.1121 Fax 780-433-7286 mrict@mic.ca | mic.ca



Name:			Appointment Details
Address:			_ Date:
Phone Res:			Time:
Date of Birth:	dd/yyyy Age:	O Male O Female	
File/Claim #:	WCB (Y/N	1)	*MRI and CT exams are not insured by Alberta Health Care*
PHN #:	Approx. Wei	ight	
ALL EXA	AMINATIONS Please bring your H	lealth Insurance Card and and	other piece of identification with this form.

	IRI & CT) 201-2377 111 ST NW College Plaza	iece of identification with this form. (MRI) 7th Flr-8215 112 ST NW
Renal Failure O Yes O No Date of L.M.P:	FR Contrast Allergies? Patient's Signature:	○ Yes ○ No
MRI O Brain O Neck O TMJ O Spine (Level) O Breast (see reverse) O Breast Parenchyma O Silicone Implant Integrity ONLY O Combined Study O Abdomen O Pelvis O Prostate O Joint (specify location) O R O L O Arthrogram O Other	Yes No O Pacemaker O D Ear or eye implant O D An Intracranial Aneurysm Clip O D Any type of heart surgery O D Any type of surgery within the pas O D Any type of stent or mechanical or O D Has the patient ever had an eye inj fragments O D Has the metal fragment been remo O D Gastroscopy or Colonoscopy since	Previous Relevant Exams Please fill out date and location under the exam O X-ray, Fluoro t month relectrical implant dury with metal O Vultrasound O Nuclear Medicine
Diagnostic Diagno	Health Assessment Exams O Lung Cancer survey O Chest Pain O Virtual Colonoscopy O Coronary Calcium Score (Heart) O Coronary CT Angiography* (CCTA) O Post CABGOO Pacemaker	(Typical/Atypical) O MRI (Stent(s) O Other
Send Invoice to (please specify name): nsurance Company / Employer:	Phone: Fax:	

Practitioner's Address: _____ Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____ Signature:

Physician's Stamp & Practice ID

Official Diagnostic Imaging Provider for:









EXAM PREPARATION

Preparation instructions for all MRI & CT exams

- O 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.
- O Bring your Health Insurance Card and another piece of identification with this form.
- O 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

- O **Abdomen** Do not eat 4 hours prior to examination. You may drink clear fluids.
- O **Breast** For Breast MRI examinations that require IV contrast, please drink plenty of clear fluids prior to your exam.

Dynamic Breast MRI (with IV contrast material) to assess breast parenchyma for disease.

Implant Integrity Breast MRI (without IV contrast material) to assess silicone gel breast implants.

Combined study (with intravenous contrast material) to assess both breast parenchyma and silicone gel breast implants through a Dynamic Breast MRI and Implant Integrity Breast MRI.

Preparation instructions exclusively for CT exams

O 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
- \bigcirc For any CT exams requiring contrast

Do not eat solid foods 4 hours prior to examination, and drink plenty of clear fluids.

O 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)

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 clear fluids.

O 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.