



Name: \_\_\_\_\_

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

Phone Res: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: mm/dd/yyyy Age: \_\_\_\_\_  Male  Female

File/Claim #: \_\_\_\_\_ WCB (Y/N) \_\_\_\_\_

PHN: \_\_\_\_\_ 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  Terra Losa (MRI) 9566-170 ST NW

**Significant Clinical History / Clinical questions to be answered**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Renal Failure  Yes  No GFR \_\_\_\_\_

Contrast Allergies?  Yes  No

Any chance of pregnancy?  Yes  No

Date of L.M.P: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_

**Patient Status**  Ambulatory  Wheelchair  Unable to weight bear  Stretcher  On Oxygen

**MRI**

- Brain \_\_\_\_\_
- Soft Tissue Neck \_\_\_\_\_
- Spine (Level) \_\_\_\_\_
- Upper Extremity/Joint \_\_\_\_\_  
 R  L  Arthrogram
- Lower Extremity/Joint \_\_\_\_\_  
 R  L  Arthrogram
- TMJ \_\_\_\_\_
- Abdomen \_\_\_\_\_
- Pelvis \_\_\_\_\_
- Prostate \_\_\_\_\_
- Breast (see reverse)
  - Breast Parenchyma
  - Silicone Implant Integrity ONLY
  - Combined Study
- Other \_\_\_\_\_

Some of these may be a contraindication to having an MRI.

**Does the patient have any of the following?**

**Yes No**

- Any type of heart surgery?
- Any brain, eye or ear surgery?
- Pacemaker or Implantable cardioverter-defibrillator (ICD)?
- Any aneurysm clips (intracranial or anywhere else)?
- Any programmable shunts?
- Insulin, infusion pump or implantable glucose monitor?
- Electronic implant or device?
- Eye or ear implant?
- Artificial or prosthetic limb?
- Any vascular coils, stents or filters?
- History of eye injury with metal? If yes, did you seek medical treatment?  Yes  No
- Gastroscopy or colonoscopy in the last 8 weeks?
- Surgery in the last 6 weeks?

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  
\_\_\_\_\_
- Other  
\_\_\_\_\_

**CT**

**Diagnostic**

- Head\* \_\_\_\_\_
- Neck - Soft Tissue\* \_\_\_\_\_
- Spine (level) \_\_\_\_\_
- Chest\* \_\_\_\_\_
- Abdomen\* \_\_\_\_\_
- Pelvis\* \_\_\_\_\_
- Extremity \_\_\_\_\_
- Other \_\_\_\_\_

**Health Assessment Exams**

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

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

**Cardiac History**

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

**Send Invoice to (please specify name):**

Insurance Company / Employer: \_\_\_\_\_

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

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

**① Payment by Patient**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Practitioner's Name: \_\_\_\_\_

Practitioner's Address: \_\_\_\_\_

Clinic Ph: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Copy to: \_\_\_\_\_ Fax Copy: \_\_\_\_\_

Signature: \_\_\_\_\_

Physician's Stamp  
& Practice ID

Official Diagnostic Imaging Provider for:





### Preparation instructions for all MRI & CT exams

- 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.
- **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 IV 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

- 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)**  
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.
- **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

**Terra Losa**  
9566-170 ST NW

Easy street level access, in a retail and business facility with ample free parking. The Edmonton Transit System has several bus routes that serve the area.

For your convenience, there are restaurants and coffee shops in the nearby 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.