MRI&CT REQUISITION		S	Booking & Inquiries Ph 780.433.1120 Toll Free 1.888.880.1121 Fax 780-433-7286 mrict@mic.ca mic.ca Appointment Details		
Address:			Date:		
Phone Res:					
/ 1 1 /	Age: O Male O Female	[
File/Claim #:	WCB (Y/N)				are not insured alth Care*
	ase bring your Health Insurance Card and an	nother	piece of identificatio	n with this	form.
Locations O Century Park (MRI & CT) 201-2377 111 ST NW O Terra Losa (MRI) 9566-170 ST NW					
Significant Clinical History / Clinical quest	tions to be answered	Pon	al Failure O Yes O	No GE	R
			Contrast Allergies? O Yes O No		
		Cor	itrast Allergies? O	Yes O	INO
		Any	chance of pregnancy	? 0	Yes O No
		Dat	e of L.M.P:		
		Pati	ent's Signature:		
Patient Status O Ambulatory C	Wheelchair O Unable to weight bear		O Stretcher O	On Oxyge	n
MRI O Brain O Soft Tissue Neck	105 110		iving an MRI.		Relevant Exams but date and location exam
O Spine (Level) O Upper Extremity/Joint O R O L O Arthrogram	int O O Any type of near surgery? int O O Any brain, eye or ear surgery? hrogram O Pacemaker or Implantable cardioverter-defibrillator (ICD)?				, Fluoro
O Abdomen	R O L O Arthrogram AJ			O Ultra	sound
 O Prostate O Breast (see reverse) O Breast Parenchyma 				O Nucle	ear Medicine
O Combined Study O Other				O CT	
CT Diagnostic O Head* O Neck - Soft Tissue*	O Virtual Colonoscopy O Kn	nest Pa nown C	ain (Typical/Atypical)	O MRI	
O Spine (level) O Chest* O Abdomen*	(CCTA) O Po	st PTC st CAI	-	O Othe	r
O Pelvis*	O Pa				
O Extremity	*(Imaging with contrast requires serum creatini	ne with	hin the past 90 days)		
O Other					
Send Invoice to (please specify name): Insurance Company / Employer:				ent by Pa	itient
Contact:	_ Phone: Fax:				
Address:					
Practitioner's Name:					
Practitioner's Address:			Offic	cial Diagno	stic Imaging Provider for:
Clinic Ph: Clinic Fax:		Stam		-	V.
Copy to: Fax Copy:	C Ducatio			ILERS)	
Signature:					



EXAM PREPARATION



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

Preparation instructions for all MRI & CT exams

- 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 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

- 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.

$\bigcirc \operatorname{CT}\operatorname{Calcium}\operatorname{Scoring}$

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.