



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

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

Phone Mobile: \_\_\_\_\_ Phone Other: \_\_\_\_\_

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

File/Claim #: \_\_\_\_\_ ☐ Male ☐ Female ☐ Non-binary

PHN: \_\_\_\_\_ WCB (Y/N) \_\_\_\_\_ 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

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

### Patient Mobility

- ☐ Ambulatory  
☐ Unable to weight bear  
☐ Wheelchair  
☐ Stretcher  
☐ On Oxygen

### Renal Failure

☐ Yes ☐ No  
GFR \_\_\_\_\_

### Contrast Allergies?

☐ Yes ☐ No

### 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?  
☐ ☐ Any metal in body?  
☐ ☐ 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 Nodule Screening & Follow-up  
☐ 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 Dr.: \_\_\_\_\_ Fax Copy To: \_\_\_\_\_

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

- Please remove all metal and jewelry prior to your examination if possible.
- **Abdomen and Pelvis** - Do not eat or drink for 4 hours prior to examination.
- **Breast**
  - **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.
- **Pediatric**
  - Please note that pediatric patients must be able to remain still for the duration of the examination, as sedation is not provided.

### 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.
- **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. 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.  
  
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

*For clinic hours of operation, please visit [mic.ca](http://mic.ca)*

### 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.