



PATIENT & APPOINTMENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ _____ M/ _____ Y/ _____
 Name: _____ Female Male
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Home Phone: _____
 Other Phone: _____
 Date of Birth: D/ _____ M/ _____ Y/ _____
 AHC or WCB #: _____

Appt. Date: D/ _____ M/ _____ Y/ _____ Time: _____ am pm

EXAM TYPE Coronary CT Angiography (CCTA) Mayfair Essential (CCTA & VC)

PATIENT HISTORY & PRESUMPTIVE DIAGNOSIS

Please complete this section with as many details as possible. This enables our clinic staff to provide the most comprehensive patient care.

List previous cardiac studies:

Check box if applicable:

Cardiac

- CABG
- Angioplasty
- Stent
- Pacemaker
- ECG within one year

Other

- Asthma
- Diabetes
- Contrast allergies
- Other allergies:

MEDICATIONS

Beta Blockers: _____
 Calcium Channel Blockers: _____
 Nitroglycerin: _____
 Insulin: _____
 Oral hypoglycemic agents: _____

Bronchodilators: _____
 Theophylline: _____
 Viagra/Cialis/Levitra (relevant for males & females): _____
 Other: _____
 Creatinine

Recent serum creatinine required (<= 90 days): _____

REFERRER INFORMATION

Name: _____
 Signature: _____
 Phone: _____
 Fax: _____
 Copy to: _____

Address: _____

 Practitioner's ID/Stamp: _____

Stat Report

RADIOLOGIST'S PROTOCOL

TECHNOLOGIST'S NOTES

NOTE TO PATIENT

Please arrive one hour prior to your appointment. If you are late, your appointment may need to be rescheduled. Kindly provide 24 hours notice if you are unable to keep your appointment. Take all prescribed medications as directed. Inform us if any of the conditions on the front of this form apply to you or if you have allergies, diabetes, or heart or kidney disease. We will contact you prior to your exam to review instructions with you. Should you have any questions in the meantime, please call us at 403.301.4525.

PATIENT PREPARATION INSTRUCTIONS

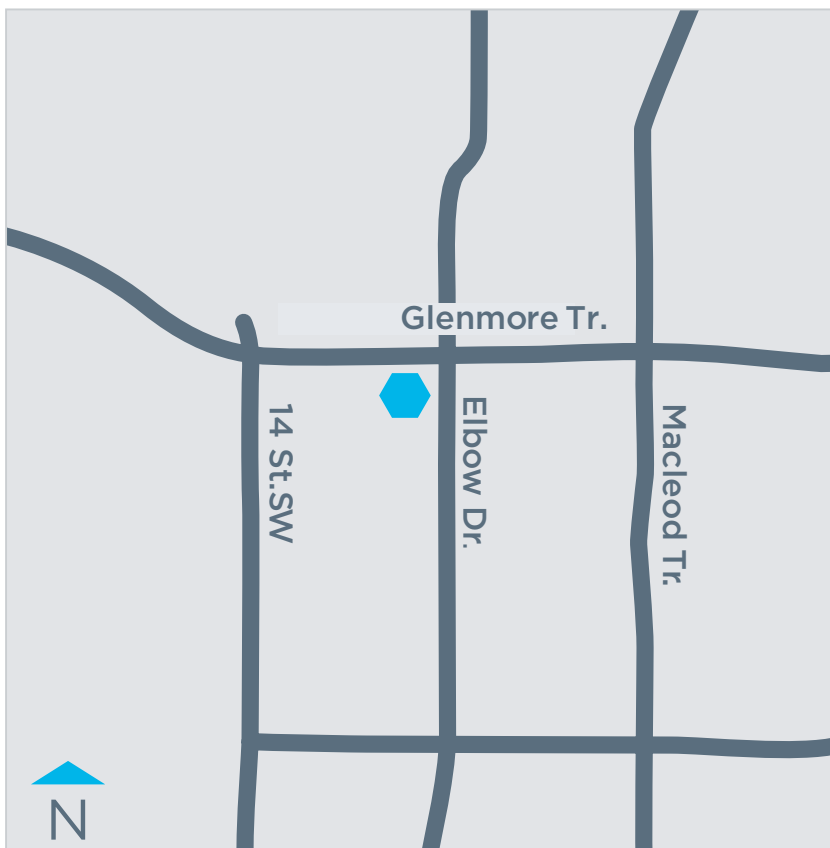
Coronary CT Angiography Instructions

1. No Viagra, Cialis or Levitra for 48 hours prior to your exam (applies to both males and females).
2. No barium studies 48 hours prior to this examination.
3. If you have a history of contrast medium allergy, pre-medications start at noon the day before the exam (contact us for instructions).
4. If provided to you, take the beta-blocker (Metoprolol) at bedtime the night before your exam.
5. No caffeine or exercise the morning of your exam.
6. No food the morning of your exam. Water and juice are the only liquids allowed.
7. Wear comfortable clothing. Preferably wear a short-sleeved shirt with buttons or an oversized T-shirt.

CT Virtual Colonoscopy Instructions - Contact our booking office at 403.301.4525 for preparation instructions.

Mayfair ESSENTIAL Instructions - Follow instructions for CT virtual colonoscopy and coronary CT angiography.

LOCATION AND CONTACT INFORMATION



MAYFAIR DIAGNOSTICS

132, 6707 Elbow Dr. SW
Calgary, Alberta T2V0E3

Bookings: 403.301.4525
Fax: 403.777.3198
Toll Free: 1.877.428.4674
Toll Free Fax: 1.877.777.3199
booking@radiology.ca

Two free hours parking onsite.