

MRI & CT REQUISITION

Tel 403.777.3000

Fax 403.777.3198

Toll Free 1.866.611.2665

Toll Free Fax 1.877.777.3199

Email booking@radiology.ca

PATIENT & APPOINTMENT INFORMATION

| PLACE PATIENT LABEL H Date of Request: _D/ Name: Address: City: | M/ | Female I | Male | Home Phone: Other Phone: Date of Birth: D/ AHC or WCB #: Appt. Date: D/ | | M/ | Υ/ | |
|--|--|-----------------------------|------------------|--|--------------------------------------|--|--|------|
| PRESUMPTIVE Area to be examined and examination reports. This | d history: (Please co | | | | | bmit any | relevant previous | |
| Mayfair ASSURAI (Heart + Lung + Virtu Mayfair PREMIER (Heart + Lung + Abdo 1 Recent serum creatini | NCE gal Colonoscopy)1 omen/Pelvis (Contras | t-Infused CT)) ² | Mayf (Corol Mayf | air ESSENTIAL nary CT Angiography air COMPREHENS trast-infused CT imagin creatinine (<=90 days): | / + Virtua SIVE (PR g requires | l Colonos REMIER + | scopy)2 · Virtual Colonoscophication and recent | |
| MRI (Wide-bore Diagnostic exam: Or choose from the Brain TMJ Cervical Spine Breast Abdomen Joint: Body Composition | following comm Thoracic Spine | on exams: Lumbar Spin | e | ient History - Ch Claustrophobia Pregnant (LMP |) | Inner Guns Eye/ Weld sheet Endo | elicable: Tear implant Thot, metal fragmer Thead metal foreign The machinist, The metal worker | body |
| CT (Low-dose Company Call Coronary Call Coro | following comm | | V * Rec | oronary CT Angiung Screen irtual Colonosco ent ECG required (< 1 years | py** /ear) | | s): | |
| Name:Signature:Phone:Copy to: | Fax: | | Practit | | | | | |

NOTE TO PATIENT

Please arrive 15 minutes 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 an allergy, diabetes, or heart or kidney disease.

PATIENT PREPARATION INSTRUCTIONS

Abdominal MRI or pelvic MRI - Do not eat or drink four hours prior to examination.

CT heart scan - No caffeine 24 hours before your examination.

Coronary CT angiography – Please refer to our website, call our booking office at 403.301.4525, or refer to your coronary CT angiography requisition.

CT virtual colonoscopy - Contact our office for preparation instructions.

CT abdomen/pelvis - Do not eat or drink two hours prior to examination.

CT Health Assessment Scans

Mayfair ASSURANCE - Follow instructions under CT heart scan and CT virtual colonoscopy.

Mayfair PREMIER - Follow instructions under CT heart scan and CT abdomen/pelvis.

Mayfair ESSENTIAL - Follow instructions under CT virtual colonoscopy, and provided on the coronary CT angiography requisition.

Mayfair COMPREHENSIVE - Follow instructions under CT heart scan, CT virtual colonoscopy, and CT abdomen/pelvis.

LOCATION AND CONTACT INFORMATION



MAYFAIR DIAGNOSTICS MAYFAIR PLACE

132, 6707 Elbow Dr. SW Calgary, Alberta T2V0E3

Bookings 403.301.4525 **Fax** 403.777.3198 **Toll Free** 1.866.611.2665

Toll Free Fax 1.877.777.3199 Email booking@radiology.ca

How to find us

We are located on the corner of Glenmore Trail and Elbow Drive SW, at the south end of the Mayfair Place apartment building.

Two free hours parking onsite.