



**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

**PRESUMPTIVE DIAGNOSIS**

Area to be examined and history: (Please complete this section with as many details as possible, and submit any relevant previous examination reports. This enables our clinic staff to provide the most comprehensive patient care.)

**CT HEALTH ASSESSMENT PACKAGES** (Health assessment scans are not recommended routinely for patients under 40 years of age)

- Mayfair ASSURANCE** (Heart + Lung + Virtual Colonoscopy)<sup>1</sup>
- Mayfair PREMIER** (Heart + Lung + Abdomen/Pelvis (Contrast-Infused CT))<sup>2</sup>
- <sup>1</sup> Recent serum creatinine required (<=90 days): \_\_\_\_\_

- Mayfair ESSENTIAL** (Coronary CT Angiography + Virtual Colonoscopy + CT heart calcium score)<sup>2</sup>
- Mayfair COMPREHENSIVE** (PREMIER + Virtual Colonoscopy)<sup>2</sup>
- <sup>2</sup> Contrast-infused CT imaging requires clinical indication and recent serum creatinine (<=90 days): \_\_\_\_\_

**EXAM TYPE**

**MRI (Wide-bore)**  
Diagnostic exam: \_\_\_\_\_ (specify location)  
Or choose from the following common exams:  
**Brain**  
**TMJ**  
**Cervical Spine**      **Thoracic Spine**      **Lumbar Spine**  
**Breast**  
**Abdomen**      **Pelvis**  
Joint: \_\_\_\_\_ (specify location)      **R**      **L**  
                                                                                                 **Arthrogram**  
**Whole Body Imaging**  
**Body Composition Profile**

**Patient History – Check box if applicable:**

<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Inner ear implant
<input type="checkbox"/> Pregnant (LMP _____ )	<input type="checkbox"/> Gunshot, metal fragment
<input type="checkbox"/> Over 500 lbs.	<input type="checkbox"/> Eye/head metal foreign body <sup>3</sup>
<input type="checkbox"/> Cardiac pacemaker	<input type="checkbox"/> Welder, machinist, sheet metal worker <sup>3</sup>
<input type="checkbox"/> Coronary artery, heart valve surgery	<input type="checkbox"/> Endoscope (within the last year)
<input type="checkbox"/> Aneurysm surgery or clip	

<sup>3</sup> Forward current orbit radiograph report.

**CT (Low-dose CT)**

Diagnostic exam: \_\_\_\_\_ (specify location)  
Or choose from the following common exams:  
**Heart** (Coronary Calcium Score)

- Coronary CT Angiography**  
Requirement before booking: Recent ECG/Recent Creatinine (within 90 days)
- Lung Screen**
- Virtual Colonoscopy\*\***

**REFERRER INFORMATION**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Copy to: \_\_\_\_\_ WCB - Alberta

Address: \_\_\_\_\_  
Practitioner's ID/Stamp: \_\_\_\_\_

**Stat Report**