

**BOOKING** Phone: 587.885.2988 | Fax: 587.287.1209 | Email: Booking@beamradiology.com | www.beamradiology.com

**DATE OF REQUEST (D/M/Y):** \_\_\_\_\_ **APPT. DATE (D/M/Y):** \_\_\_\_\_ **TIME:** \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_  F  M  O Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_  
City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_\_  
AHC: \_\_\_\_\_ WCB: \_\_\_\_\_

## CLINICAL HISTORY

*Area(s) to be imaged and detailed clinical history: Please complete this section with as much information as possible, and submit any relevant medical reports.*

Height \_\_\_\_\_ m / ft Weight \_\_\_\_\_ lbs / kg

### REQUIRED FOR MRI & CT APPOINTMENTS

Past history of reaction to IV contrast  Yes  No  
Allergies: \_\_\_\_\_  
Renal Function (<90 days) GFR: \_\_\_\_\_ (mm/dd/yyyy)  
Dialysis  Yes  No Serum Creatinine: \_\_\_\_\_  
Pregnant  Yes  No LMP: \_\_\_\_\_

## MRI 3 TESLA (WIDE BORE)

### Choose from the following Exams:

- Brain
- Neck
- TMJ
- Cervical  Thoracic  Lumbar  SI Joints
- Breast
- Abdomen
- Pelvis
- Prostate
- Joint: \_\_\_\_\_ (specify location)  R  L  Arthrogram
- Other: \_\_\_\_\_

## CT SCAN (WIDE BORE)

### Choose from the following Exams:

- Head
- Soft Tissue Neck
- Cervical  Thoracic  Lumbar  SI Joints
- CT Myelogram
- Chest
- Cardiac Calcium Score  Coronary CT Angiogram
- Abdomen  Liver  Virtual Colonoscopy
- Pelvis  Hematuria
- Joint: \_\_\_\_\_ (specify location)  R  L  Arthrogram
- Other: \_\_\_\_\_

### REQUIRED FOR MRI: Patient Safety (please check all that apply)

- Claustrophobia
- Cardiac Pacemaker
- Coronary Artery and Heart Valves
- Eye or Ear Implant
- Metal Fragment (Eye, Other)
- Vascular Coils, Stents or Filters
- Endoscope within the last 6 months
- Neurostimulator

Please provide surgical report, make, model and serial # for all implanted devices or stents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*\*All exams performed under wide bore MRI and wide bore CT for patient comfort & to reduce claustrophobia.*

## BEAM HEALTH ASSESSMENT PROGRAM: PRIVATE PAY

- ELITE (Total MRI + LDCT Lung and Colon Screen)

## CT SCREENING

- Complete CT (Low-Dose Lung and Colon + abdomen/pelvis)
- Low-Dose Lung and Colon Screen
- Low-Dose Lung Screen
- Low-Dose Colonography (Virtual Colonoscopy)
- Coronary Calcium Score
- Coronary CT Angiogram

## MRI SCREENING

- Total Screen (Head-thigh, includes spine)
- Core Screen (Brain and torso, no spine)
- Torso Screen (Chest, abdomen, pelvis)
- Neuro Screen (Brain and spine)

## GENETIC SCREENING: ADD TO ANY SCREENING PACKAGE

- Comprehensive Add-On (GENETIC SCREEN)

## REFERRER INFORMATION

Name: \_\_\_\_\_ Prac ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## REPORT OPTIONS

- STAT Phone Report
- Send Images with Patient
- Copy to: \_\_\_\_\_

## PATIENT INFORMATION

### Booking an Appointment

- Please advise us of any mobility issues.
- Notify booking if you are diabetic.
- If the examination requires fasting, you may be booked in an early appointment.
- We require two business days notice if you wish to reschedule or cancel your appointment(s). Please call **587.885.2988**

### Day of Appointment

- Please arrive at least 30 minutes prior to your scheduled appointment. If you are late for your appointment, Beam Radiology may be required to reschedule your appointment.
- Please remember to bring the requisition, your Alberta Health Care card and photo ID to your appointment.
- Please follow the appropriate exam preparation instructions below.

## EXAM PREPARATION INSTRUCTIONS

### MRI PREPARATION

- Please arrive at least 30 minutes early for your appointment.
- If the patient has had an injury to the eye with metal, they may require orbit xrays prior to the MRI procedure.
- Patients will be asked to remove all jewelry, piercings, and any other removable devices that are considered magnetic.
- Patients can eat and drink as normal, unless otherwise advised.
- Patients requiring oral sedation must obtain sedation from their referring physician and must bring a driver.

### CT PREPARATION

- Please arrive at least 30 minutes early for your appointment.
- Patients can eat and drink as normal, unless otherwise advised.
- You may be asked to bring a driver, procedure dependent.
- 24 Hours prior to scan, be well hydrated.
- Patients will be asked to remove all jewelry and piercings in accordance to body part being scanned.

## BEAM HEALTH ASSESSMENT PREPARATION INSTRUCTIONS

- Virtual CT Colonoscopy: Please contact our booking line for instructions
- Cardiac Calcium Score & Coronary CT Angiogram: No caffeine for 1 day (24 hours) prior to your exam.

## LOCATIONS



### Beam Radiology Trinity Hills

340 Na'a Common SW  
Calgary, AB T3H 6A3

**Complimentary Parking**  
MRI, CT, X-Ray, Ultrasound,  
Pain Management