

# MRI & CT Requisition

Copy to: \_

<b>BOOKING</b> Phone: 587.885.2988   Fax: 5	87.287.1209   Emo	ail: Booking@	beamradiology.com   www.beamradiology.com	
DATE OF REQUEST (D/M/Y):	APPT. DA	ATE (D/M/Y):	TIME:	
PATIENT INFORMATION				
Name:Address:City/Province:			Home Phone: Work/Mobile Phone: Date of Birth (D/M/Y): AHC: WCB:	
CLINICAL HISTORY				
Area(s) to be imaged and detailed clinical history: Please complete this information as possible, and submit any relevant medical reports.  Height m / ft Weight		Past history Allergies: Renal Funct Dialysis	FOR MRI & CT APPOINTMENTS  y of reaction to IV contrast	
MRI 3 TESLA (WIDE BORE)	, 5	CT SCAN (W	WIDE BORE)	
Choose from the following Exams:			m the following Exams:	
□ Brain □ Neck □ TMJ □ Cervical □ Thoracic □ Lumbar □ S □ Breast □ Abdomen □ Pelvis □ Prostate □ Joint: □ R □ L □ Other:	. □Arthrogram	□ CT Myelo □ Chest □ Cardiac C □ Abdomer □ Pelvis □ Joint:	□Thoracic □Lumbar □SI Joints	
		BEAM HEAL	LTH ASSESSMENT PROGRAM: PRIVATE PAY	
REQUIRED FOR MRI: Patient Safety (please check all that apply)  □ Claustrophobia		□ ELITE (Total MRI + LDCT Lung and Colon Screen)		
		CT SCREEN	IING	
<ul> <li>□ Cardiac Pacemaker</li> <li>□ Coronary Artery and Heart Valves</li> <li>□ Eye or Ear Implant</li> <li>□ Metal Fragment (Eye, Other)</li> <li>□ Vascular Coils, Stents or Filters</li> <li>□ Endoscope within the last 6 months</li> <li>□ Neurostimulator</li> </ul>		<ul> <li>□ Complete CT (Low-Dose Lung and Colon + abdomen/pelvis)</li> <li>□ Low-Dose Lung and Colon Screen</li> <li>□ Low-Dose Lung Screen</li> <li>□ Low-Dose Colonography (Virtual Colonoscopy)</li> <li>□ Coronary Calcium Score</li> <li>□ Coronary CT Angiogram</li> </ul>		
	d and descript	MRI SCREEN	NING	
Please provide surgical report, make, model for all implanted devices or stents:		□ Core Scre □ Torso Scre	een (Head-thigh, includes spine) een (Brain and torso, no spine) reen (Chest, abdomen, pelvis) creen (Brain and spine)	
**All exams performed under wide bore MRI and wide b	oore CT	GENETIC SC	CREENING: ADD TO ANY SCREENING PACKAGE	
for patient comfort & to reduce claustrophobia.		□ Compreh	nensive Add-On (GENETIC SCREEN)	
REFERRER INFORMATION			REPORT OPTIONS	
Name:	Prac ID:		☐ STAT Phone Report	

Fax:

Phone: .



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#### **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.

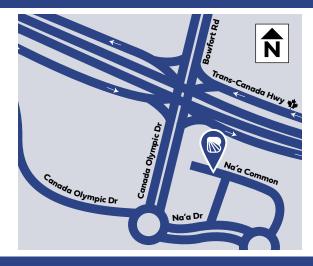
#### **CT PREPARATION**

- 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