

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

## 3T MRI (WIDE BORE)

### Choose from the following Exams:

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

### REQUESTED FOR MRI (please check all that apply)

- Claustrophobia
- Cardiac Pacemaker
- Coronary Artery and Heart Valve Surgery
- Eye or Ear Implant
- Metal Fragment (Eye or Other)
- Vascular Coils, Stents or Filters
- Endoscope within the last 6 months
- Neurostimulator
- History of Contrast Allergy
- Renal Disease
- Other Surgical Implant: \_\_\_\_\_

## 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
- Pelvis  Hematuria
- Joint: \_\_\_\_\_ (specify location)  R  L  Arthrogram
- Other: \_\_\_\_\_

### REQUESTED FOR CT (please check all that apply)

- Known Allergy to Contrast  Yes  No
- Allergies  Yes  No \_\_\_\_\_
- Renal Function (<90 days) GFR: \_\_\_\_\_
- Dialysis  Yes  No
- Pregnant  Yes  No LMP: \_\_\_\_\_

## BEAM HEALTH ASSESSMENT PROGRAMS: PRIVATE PAY

- ELITE (Total MRI + LDCT Lung + LDCT Colonography + Coronary CT Angiogram + Coronary Calcium Score)

## 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)

## 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

## GENETIC SCREENING: ADD TO ANY SCREENING PACKAGE

- Comprehensive Add-On

(Genetic screen for hereditary cancer susceptibility conditions)

## 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.

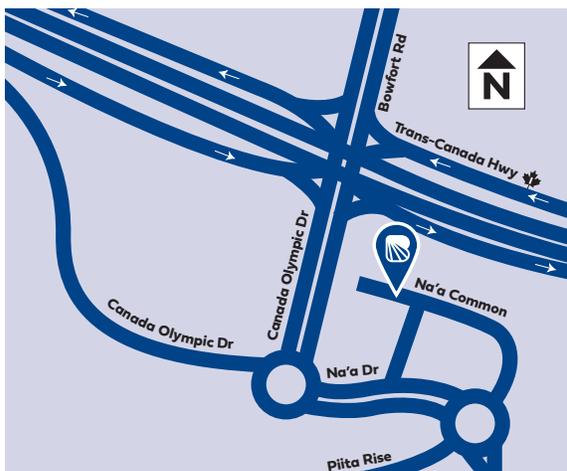
### CT PREPARATION

- 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