

**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