beam

MRI & CT Requisition

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

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

PATIENT INFORMATION

Name: _____ ☐F ☐M ☐O
Address: _____
City/Province: _____ Postal Code: _____

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 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: _____

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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.

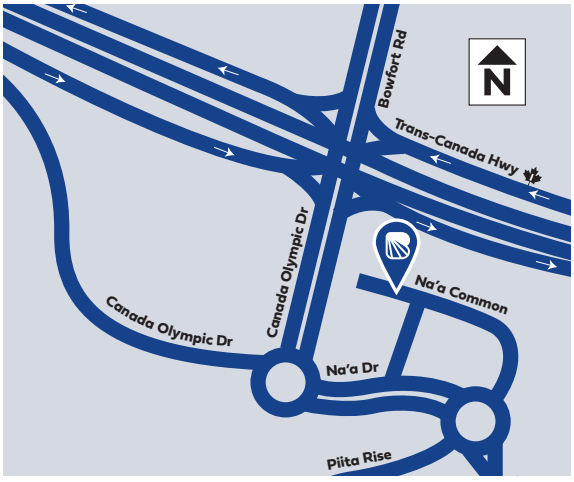
CT PREPARATION

- 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

For more detailed information regarding private pay pricing, exam preparation details, and experience expectations, please visit our website at: www.beamradiology.com