



PATIENT & APPOINTMENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ M/ Y/
Name: _____ Female Male
Address: _____
City: _____ Province: _____ Postal Code: _____

Home Phone: _____
Other Phone: _____
Date of Birth: D/ M/ Y/
AHC or WCB #: _____
Appt. Date: D/ M/ Y/ Time: _____

EXAM TYPE Coronary CT Angiography (CCTA) Mayfair Essential (CCTA & VC)

PATIENT HISTORY & PRESUMPTIVE DIAGNOSIS

Please complete this section with as many details as possible. This enables our clinic staff to provide the most comprehensive patient care.

List previous cardiac studies:

Check box if applicable:

Cardiac

- CABG
- Angioplasty
- Stent
- Pacemaker
- ECG within one year

Other

- Asthma
- Diabetes
- Contrast allergies
- Other allergies: _____

MEDICATIONS

- Beta Blockers: _____
- Calcium Channel Blockers: _____
- Nitroglycerin: _____
- Insulin: _____
- Oral hypoglycemic agents: _____

- Bronchodilators: _____
- Theophylline: _____
- Viagra/Cialis/Levitra (relevant for males & females): _____
- Other: _____
- Creatinine
- Recent serum creatinine required (<= 90 days): _____**

HEALTHCARE PROVIDER'S INFORMATION

Ref. Health Provider: _____
Signature: _____
Phone: _____
Fax: _____
Copy to: _____

Address: _____
Practitioner's ID/Stamp: _____

Stat Report

RADIOLOGIST'S PROTOCOL

TECHNOLOGIST'S NOTES

NOTE TO PATIENT

Please arrive one hour prior to your appointment. If you are late, your appointment may need to be rescheduled. Kindly provide 24 hours notice if you are unable to keep your appointment. Take all prescribed medications as directed. Inform us if any of the conditions on the front of this form apply to you or if you have allergies, diabetes, heart or kidney disease. We will contact you prior to your exam to review instructions with you. Should you have any questions in the meantime, please do not hesitate to call us at 403.301.4525.

PATIENT PREPARATION INSTRUCTIONS

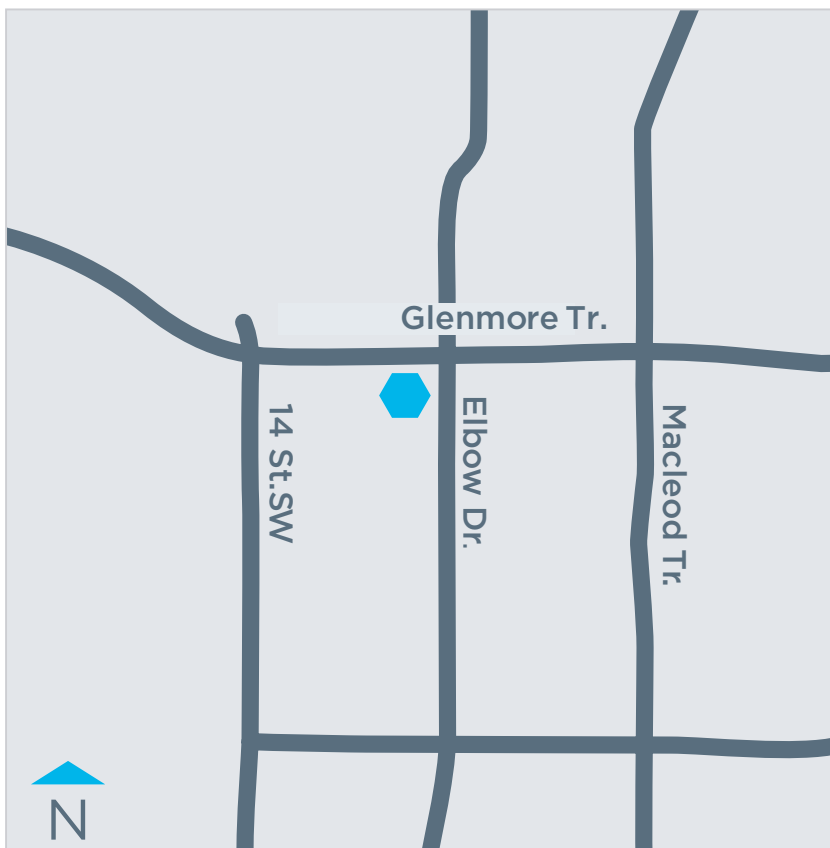
Coronary CT Angiography Instructions

1. No Viagra, Cialis or Levitra for 48 hours prior to your exam (applies to both males and females).
2. No barium studies 48 hours prior to this examination.
3. If history of contrast medium allergy, pre-medications start at noon the day before the exam (contact us for instructions).
4. If provided to you, take the beta-blocker (Metoprolol) at bedtime the night before your exam.
5. No caffeine or exercise the morning of your exam.
6. No food the morning of your exam. Water and juice are the only liquids allowed.
7. Wear comfortable clothing. Preferably wear a short-sleeved shirt with buttons or an oversized T-shirt.

CT Virtual Colonoscopy Instructions - Contact our office for preparation instructions.

Mayfair ESSENTIAL Instructions - Contact our office for preparation instructions.

LOCATION AND CONTACT INFORMATION



MAYFAIR DIAGNOSTICS

132, 6707 Elbow Dr. SW
Calgary, Alberta T2V0E3

Bookings: 403.301.4525
Fax: 403.777.3198
Toll Free: 1.877.4CT.4MRI
Toll Free Fax: 1.877.777.3199
booking@radiology.ca

Two free hours parking onsite.

ORDER FORM

Attention! You are almost out of Coronary CT Angiography requisition forms.

TO REPLENISH YOUR SUPPLY OF CORONARY CT ANGIOGRAPHY REQUISITION FORMS:

Call us at 403.777.3000

E-mail your request to requisitions@radiology.ca

Fax this form to 403.777.3001

Print requisitions directly from radiology.ca/requisition-forms

EMR upload assistance available. Please contact us at the above phone number or email address.

Clinic: _____

Address: _____

Phone: _____

Email: _____

Number of requisition pads required: _____

Thank you for your referrals.



Check this box if you would like to be emailed information regarding Continuing Health Education (CHE) events and company news.