

## 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 #: \_\_\_\_\_ WCB #: \_\_\_\_\_  
**Appt. Date:   D/     M/     Y/   Time: \_\_\_\_\_**

## PRESUMPTIVE DIAGNOSIS

Area to be examined and history: (Please complete this section with as many details as possible. This enables our clinic staff to provide the most comprehensive patient care.)

Relevant previous exams.  
 Please submit images and reports.

## CT HEALTH ASSESSMENT PACKAGES (Health assessment scans are not recommended routinely for patients under 40 years of age)

- Mayfair ASSURANCE**  
 (Heart + Lung + Virtual Colonoscopy)<sup>1</sup>
- Mayfair PREMIER**  
 (Heart + Lung + Abdomen/Pelvis (Contrast-Infused CT))<sup>2</sup>  
<sup>1</sup> Recent serum creatinine required (<=90 days): \_\_\_\_\_
- Mayfair ESSENTIAL**  
 (Coronary CT Angiography + Virtual Colonoscopy)<sup>2</sup>  
 (Use CCTA requisition or we will follow up for further information)
- Mayfair COMPREHENSIVE** (PREMIER + Virtual Colonoscopy)<sup>2</sup>  
<sup>2</sup> Contrast-infused CT imaging requires clinical indication and recent serum creatinine (<=90 days): \_\_\_\_\_

## EXAM TYPE

- MRI (Wide-bore)**  
**Diagnostic exam:** \_\_\_\_\_ (specify location)  
 Or choose from the following common exams:
- Brain
  - TMJ
  - Cervical Spine  Thoracic Spine  Lumbar Spine
  - Breast
  - Abdomen  Pelvis
  - Joint: \_\_\_\_\_ (specify location)  R  L
  - Arthrogram

### Patient History - Check box if applicable:

- Claustrophobia
  - Pregnant (LMP \_\_\_\_\_)
  - Over 500 lbs.
  - Cardiac pacemaker
  - Coronary artery, heart valve surgery
  - Aneurysm surgery or clip
  - Inner ear implant
  - Gunshot, metal fragment
  - Eye/head metal foreign body<sup>3</sup>
  - Welder, machinist, sheet metal worker<sup>3</sup>
  - Endoscope (within the last year)
- <sup>3</sup> Forward current orbit radiograph report.

- CT (Low-dose CT)**  
**Diagnostic exam:** \_\_\_\_\_ (specify location)  
 Or choose from the following common exams:
- Heart (Coronary Calcium Score)
  - Coronary CT Angiography\*
  - Lung Screen
  - Virtual Colonoscopy\*\*
- \* Recent ECG required (< 1 year)  
 \*\* Recent serum creatinine required (<=90 days): \_\_\_\_\_

- PRP (Platelet Rich Plasma Injections)**  
 **Prolotherapy**  
 \_\_\_\_\_ (specify location)

## HEALTHCARE PROVIDER'S INFORMATION

Referring Health Provider: \_\_\_\_\_ Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Practitioner's ID/Stamp: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Copy to: \_\_\_\_\_  **Stat Report**

## NOTE TO PATIENT

Please arrive 15 minutes 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 an allergy, diabetes, heart or kidney disease.

## PATIENT PREPARATION INSTRUCTIONS

**Abdominal MRI or Pelvic MRI** - Do not eat or drink 4 hours prior to examination.

**CT Heart Scan** - No caffeine 24 hours before your examination.

**Coronary CT Angiography** - Please refer to our website, call our booking office at 403.301.4525 or refer to your Coronary CT Angiography requisition.

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

**CT Abdomen/Pelvis** - Do not eat or drink 2 hours prior to examination.

**Platelet Rich Plasma Injections (PRP) and Prolotherapy** - Do not take any anti-inflammatories 2 weeks prior and 2 weeks after the injection.

### CT Health Assessment Scans

**Mayfair ASSURANCE** - Follow instructions under CT Heart Scan and CT Virtual Colonoscopy.

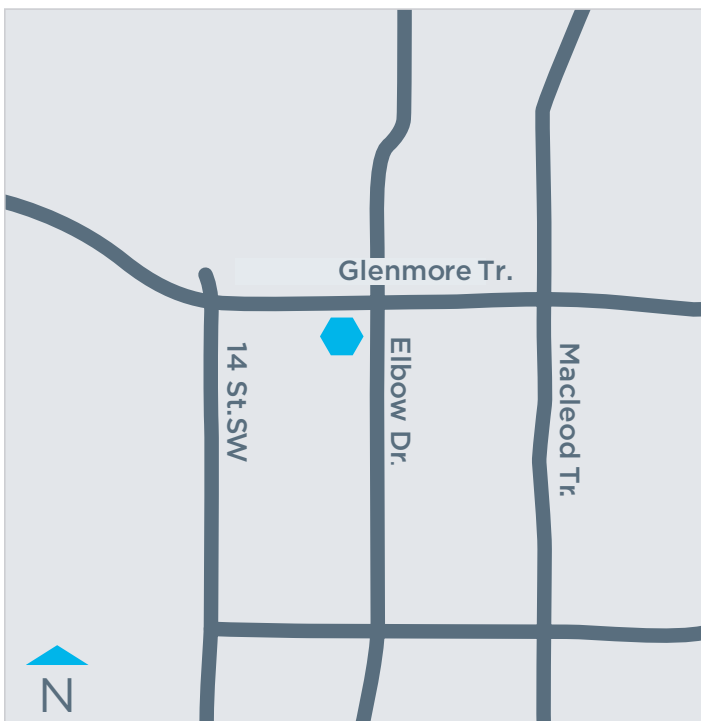
**Mayfair PREMIER** - Follow instructions under CT Heart Scan and CT Abdomen/Pelvis.

**Mayfair ESSENTIAL** - Follow instructions under CT Virtual Colonoscopy, and provided on the Coronary CT Angiography requisition.

**Mayfair COMPREHENSIVE** - Follow instructions under CT Heart Scan, CT Virtual Colonoscopy and CT Abdomen/Pelvis.

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## 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](mailto:booking@radiology.ca)

Two free hours parking onsite.

# ORDER FORM

Booking:  
403.301.4525

**Attention!** You are almost out of MRI & CT requisition forms.

TO REPLENISH YOUR SUPPLY OF MRI & CT REQUISITION FORMS:

**Call** us at 403.777.3000

**E-mail** your request to [requisitions@radiology.ca](mailto:requisitions@radiology.ca)

**Fax** this form to 403.777.3001

**Print** requisitions directly from [radiology.ca/requisition-forms](http://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.