

Central Booking
780-669-2222

Toll Free
1-866-771-9446

Fax
780-930-1593

Toll Free Fax
1-855-930-1593

To cancel or rebook your appointment, please call Central Booking: Mon-Fri: 8AM-7PM, Sat: 9AM-4PM, Sun: Closed

Name: _____ **Appointment Details:**
 Address: _____ Date: _____
 Phone: _____ DOB: _____ MM/DD/YYYY Male Female Non-Binary Time: _____
 PHN: _____ Weight: _____ Date of LMP: _____ Location *MEADOWLARK - MRI & CT*
156 Street - 89 Ave

Third Party Payment Information

Insurance: _____ Date Of Accident: _____ W.C.B. Claim Number: _____
Private facility payment is due on completion of MRI/CT Scan, except for Third Party Patients

1 MRI Examination(s) Requested

<p>Neuro</p> <input type="checkbox"/> Brain <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Intracranial MRA	<p>Body</p> <input type="checkbox"/> Breast <input type="checkbox"/> Prostate <input type="checkbox"/> Pelvis <input type="checkbox"/> Abdomen (To Crest) <input type="checkbox"/> Enterography	<p>Extremity</p> <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder <input type="checkbox"/> Hip <input type="checkbox"/> Other* <input type="checkbox"/> Left <input type="checkbox"/> Right
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*Other (please specify) _____

Patients with Pacemakers or Aneurysm clips will not be scanned.
 If any of the checklist questions are marked "YES", we may need a recent x-ray prior to the MRI for the patient's safety. (If x-rays are already completed, please send the report with this signed request).

MRI Exams - Complete The Checklist Below

<input type="checkbox"/> Pregnant	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Work with metal, including grinding or welding	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Eye injury with metal	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Ear and/or eye implant/prosthesis	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Any type of heart surgery	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Pacemaker and/or pacer leads	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Any type of brain or skull surgery	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Any type of surgery in the past six weeks	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Any metal in body	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Any previous Colonoscopy or Gastroscopy	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Any type of stent, electrical or mechanical device/implant/prosthesis	Y <input type="checkbox"/> N <input type="checkbox"/>

If so, please provide make, model, & serial number: _____

2 CT Examination(s) Requested

<p>Screening</p> <input type="checkbox"/> Virtual Colonoscopy <input type="checkbox"/> Coronary CT Angiography <input type="checkbox"/> Coronary Calcium Score <input type="checkbox"/> Whole Body CT (Chest, Abd, Pelvis)	<p>Body</p> <input type="checkbox"/> Pelvis <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Extremity* <input type="checkbox"/> Angiography	<p>Head & Neck</p> <input type="checkbox"/> Routine Head <input type="checkbox"/> Orbits <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Facial Bones <input type="checkbox"/> Paranasal Sinuses <input type="checkbox"/> Temporal Bones <input type="checkbox"/> Angiography	<p>Spine</p> <input type="checkbox"/> Cervical (levels) <input type="checkbox"/> Thoracic (levels) <input type="checkbox"/> Lumbar (levels) <input type="checkbox"/> SI Joints
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*Other (please specify) _____

CT Exams - Complete The Checklist Below

<input type="checkbox"/> Pregnant	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Breast Feeding	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Renal failure / Myeloma / Pheochromocytoma	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Taking Glucophage (Metformin)	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Previous allergies due to X-ray dye (Premedication regimen available on request)	Y <input type="checkbox"/> N <input type="checkbox"/>

NOTE: MRI/CT patients with any of the following must have a serum creatinine within the last 90 days:
 ■ Over 70 years of age ■ Diabetic ■ Cardiac Disease ■ Renal Disease ■ Hypertension

3 Relevant History, Physical Findings, and Provisional Diagnosis

Previous Relevant X-rays, Ultrasound, CT, MRI No Yes Where? _____ When? _____

4 Referring Physician's Information

Name: _____
 Address: _____
 Phone: _____ Fax: _____
 Signature: _____ Date: _____

Physician's Stamp
& Practice ID

URGENT FAX REPORT (until 4 pm, M-F)
 Copy To: Name: _____
 Phone: _____
 Fax: _____

FREE PARKING AT ALL SITES

** ALL EXAMINATIONS **

Remember to bring the Imaging Requisition plus your Alberta Health Card and photo ID. If you are unable to keep your appointment, please phone 780-669-2222 to reschedule it (There is no facility to look after small children.)

MRI Exam Prep

- All patients will complete a Patient Safety & Consent form that the technologist will review prior to scanning.
- Patients requiring an **MRI contrast** for enhanced studies will also complete an *MRI Contrast Consent* form.
- If the patient has had an injury to the eye with metal, they may require **orbit x-rays** prior to MRI examination
- Patients will be asked to remove all jewelry, piercings, watches, belts, keys, coins, credit cards and any other type of removable devices that are considered magnetic.
- Patients may be required to change into a patient gown depending on the examination type.

Patients requiring oral sedation must obtain the sedation from their referring physician. A family member or friend must accompany the patient to drive him/her home following the procedure.

CT Exam Prep

- All patients will complete a Patient Information and Consent for Enhanced CT form.
- Patients requiring an injection of CT contrast for enhanced studies should be evaluated for renal function by the referring physician. A creatinine level may be required within 30 days prior to scheduling the exam if there is any question.
- If the patient is diabetic please call 780-444-5652 for instruction.
- Patients may be required to change into a patient gown depending on the examination type.
- Patients requiring an injection of CT contrast should have no solid food for 4 hours prior to the CT scan.

Please note that all relevant reports should be faxed to the clinic immediately and previous X-ray/US/CT/MRI images must accompany the patient or be forwarded to the clinic prior to the appointment. Any relevant images that are not received may cause a delay in the reporting.

Brain
Spine
Extremities } No patient preparation required.

Chest Wall
Breast } No patient preparation required.

Abdomen
Kidneys/Liver
Pancreas
Pelvis } Patient should not eat or drink 4 hours prior to the examination.

**Medications may be taken as usual.*

Brain
Spine
Extremities } Patient should not eat 1 hour prior to exam.

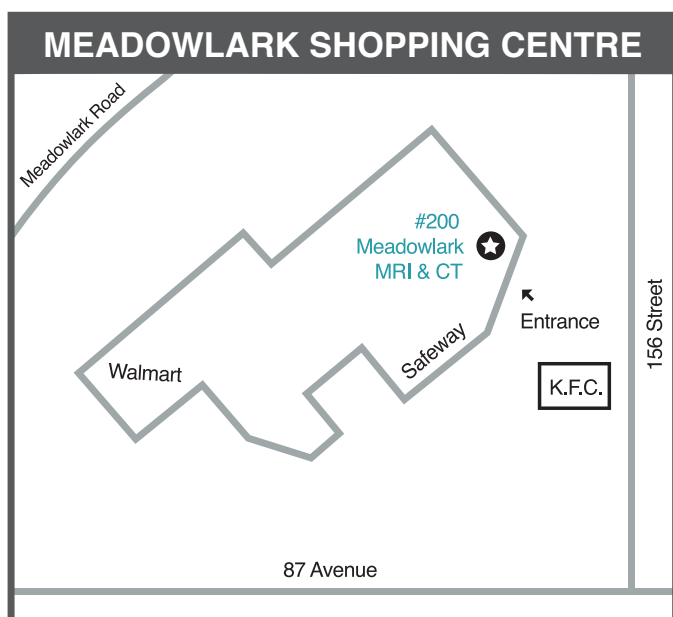
Chest
Soft Tissue Neck
Abdomen
Pelvis } Patient should not eat or drink 4 hours prior to the exam. All patients for CT abdomen or abdomen and pelvis exams must arrive 45 minutes prior to their appointment to drink oral contrast.

Coronary CT
Angiography } Read and follow CT contrast instructions above. No caffeine or exercise the morning of exam. Beta-blocker medication (Metoprolol) is necessary to slow your heart rate prior to the exam. Please take this as directed (usually 1 pill the night before and 1 pill the morning of the exam)

Virtual
Colonoscopy } Two days before the exam, you will be provided with a kit that includes a low-fibre diet and medication to assist bowel cleansing. Simply follow the provided instructions and you are ready for the exam.

**Medications (except Glucophage/Metformin) may be taken as usual.*

**Diabetic patients taking Glucophage or Metformin must consult with their doctor prior to and after the CT scan appointment.*



MEADOWLARK MRI & CT

200 Meadowlark Shopping Centre
156 Street - 89 Ave
Edmonton, AB T5R 5W9
Ph: 780-444-5652 | F: 780-444-5642

Please phone 780-669-2222 to schedule your appointment

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