MRI & CT Requisition

Insight MEDICAL IMAGING
www.x-ray.ca

Central Booking	Toll Free	Fax	Toll Free Fax	Online
780-669-2222	1-866-771-9446	780-930-1593	1-855-930-1593	x-ray.ca/book-an-appointment

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

Name: _____

Address: _____

Phone: _____ DOB: _____ (MM/DD/YYYY) Male ☐ Female ☐ Non-Binary ☐

PHN: _____ Weight: _____ Date of LMP: _____

Appointment Details:

Date: _____

Time: _____

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

Neuro
- ☐ Brain
- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Intracranial MRA

Extremity
- ☐ Knee
- ☐ Shoulder
- ☐ Hip
- ☐ Other*

☐ Left ☐ Right

Body
- ☐ Breast
- ☐ Prostate
- ☐ Pelvis
- ☐ Abdomen (To Crest)
- ☐ Enterography
- ☐ Liver Elastography
- ☐ Liver Triple Screen

*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

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

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

2 CT Examination(s) Requested

Screening
- ☐ Virtual Colonoscopy
- ☐ Coronary CT Angiography
- ☐ Coronary Calcium Score
- ☐ Whole Body CT (Chest, Abd, Pelvis)

Body
- ☐ Pelvis
- ☐ Chest
- ☐ Abdomen
- ☐ Extremity*
- ☐ Angiography

Head & Neck
- ☐ Routine Head
- ☐ Orbits
- ☐ Soft Tissue Neck
- ☐ Facial Bones
- ☐ Paranasal Sinuses
- ☐ Temporal Bones
- ☐ Angiography

Spine
- ☐ Cervical (levels)
- ☐ Thoracic (levels)
- ☐ Lumbar (levels)
- ☐ SI Joints

*Other (please specify) _____

CT Exams - Complete The Checklist Below

☐ Pregnant	Y ☐	N ☐
☐ Breast Feeding	Y ☐	N ☐
☐ Renal failure / Myeloma / Pheochromocytoma	Y ☐	N ☐
☐ Diabetes	Y ☐	N ☐
☐ Taking Glucophage (Metformin)	Y ☐	N ☐
☐ Previous allergies due to X-ray dye (Premedication regimen available on request)	Y ☐	N ☐

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: _____

REV 06/2022

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

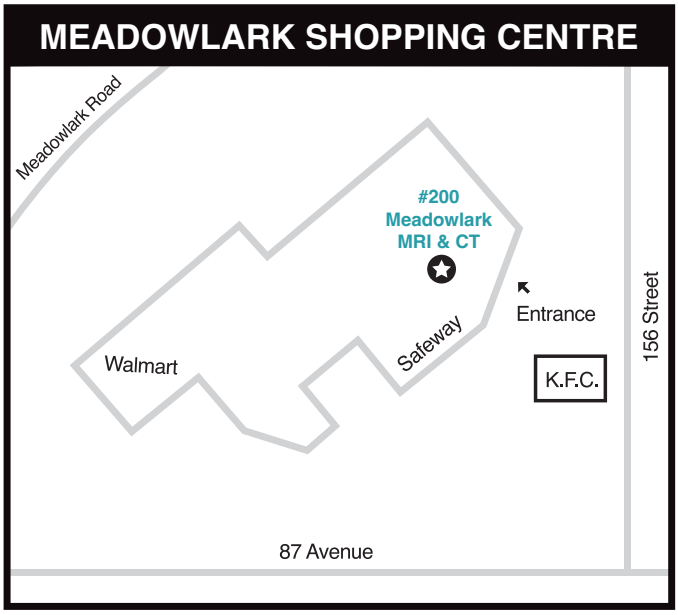
- All patients will complete a Patient Safety & Consent form that the technologist will review prior to scanning.
- Patients requiring an **MRI contrast** for enhanced studies will also complete an *MRI Contrast Consent* form.
- If the patient has had an injury to the eye with metal, they may require **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.

Brain Spine Extremities	No patient preparation required.
Chest Wall Breast	No patient preparation required.
Abdomen Kidneys/Liver Pancreas Pelvis Prostate Liver Elastography/ Triple Screen	Patient should not eat or drink 4 hours prior to the examination.

**Medications may be taken as usual.*

MEADOWLARK SHOPPING CENTRE



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 by 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	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

FREE PARKING AT ALL SITES