



# MRI & CT REQUISITION

ALL REQUISITIONS ACCEPTED

We cannot perform an exam without your requisition

**Central Booking**

780-669-2222

**Toll Free**

1-866-771-9446

**Fax**

780-930-1593

**Toll Free Fax**

1-855-930-1593

**Online**

x-ray.ca/book-an-appointment

To cancel or rebook your appointment, please call Central Booking: Mon-Fri: 8AM-6:45PM, Sat: 9AM-4PM, Sun: Closed

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Male ☐ Female ☐ Non-Binary ☐

PHN: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of LMP: \_\_\_\_\_

## Appointment Details:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location

**Meadowlark - MRI & CT  
156 Street - 89 Avenue**

## 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
- ☐ Abdomen (To Crest)
- ☐ Pelvis
- ☐ Prostate
- ☐ Liver Elastography
- ☐ Liver Triple Screen
- ☐ Enterography
- ☐ Whole Body Screening\*

*\*Please see back page for ordering whole body screening*

\*Other (please specify) \_\_\_\_\_

## MRI Exams - Complete The Checklist Below

- |  |   |
|--|---|
| <input type="checkbox"/> Pregnant  | 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

### Screening

- ☐ Virtual Colonoscopy
- ☐ Coronary CT Angiography
- ☐ Coronary Calcium Score
- ☐ Low-dose Chest

### Body

- ☐ Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ 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

- |   |   |
|---|---|
| <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"/> Previous allergies due to X-ray dye (Premedication regimen available on request) | Y <input type="checkbox"/> N <input type="checkbox"/> |

**NOTE: MRI/CT patients requiring contrast with known kidney disease or a renal transplant, or are waiting to see a kidney specialist should have an eGFR within 90 days**

## 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 4pm M-F)

☐ Copy To: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Rev 08/2025

# WHOLE-BODY MRI SCREENING

## MRI Screening

- ☐ Basic whole body MRI (Head to thigh)
  - ☐ Add on head and spine package (Improved brain, spine and brain vascular anatomy assessment)
  - ☐ Add on liver triple screen (quantifies liver fat, iron and fibrosis)
  - ☐ Add on non-gad prostate (rules out clinically significant prostate cancer)

## Additional Screening

- ☐ Low-dose CT Chest
- ☐ Breast MRI screen
- ☐ CT Coronary Calcium Scoring
- ☐ CT Virtual Colonoscopy

## Notes

## PREPARATION INSTRUCTIONS

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.*)

### 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 with an eGFR within 3 months of their appointment if you have known kidney disease or a renal transplant, or you are waiting to see a kidney specialist or urologist.
- 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 medication to assist bowel cleansing. Simply follow the provided instructions and you are ready for the exam.

### 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 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 LOCATIONS**