





Booking & Inquiries Ph 780.433.1120 Toll Free 1.888.880.1121 Fax 780-433-7286 mrict@mic.ca | mic.ca



Appointment Details Address: ___

Phone Res:	Other:	_ lime:	
Date of Birth:	00		exams are not insured erta Health Care*
ALL EXAMINATIONS Ple	ease bring your Health Insurance Card and an	other piece of identification	on with this form.
Locations O Century Park (MRI & CT)201-2377 111 ST NW O Terra I	.osa (MRI) 9566-170 ST N	IW
Significant Clinical History / Clinical questions to be answered		Renal Failure O Yes O No GFR Contrast Allergies? O Yes O No Any chance of pregnancy? O Yes O No Date of L.M.P: Patient's Signature:	
Patient Status	Wheelchair Unable to weight bear	Stretcher	On Oxygen
MRI Brain Soft Tissue Neck Spine (Level) Upper Extremity/Joint BR L Arthrogram Lower Extremity/Joint R L Arthrogram TMJ Abdomen Pelvis Prostate Breast (see reverse) Breast (see reverse) Silicone Implant Integrity ONLY Combined Study Other	Any type of neart surgery? Any brain, eye or ear surgery? Pacemaker or Implantable cardioverter-defibrillator (ICD)? Any aneurysm clips (intracranial or anywhere else)? Any programmable shunts? Insulin, infusion pump or implantable glucose monitor? Electronic implant or device?		Previous Relevant Exams Please fill out date and location under the exam X-ray, Fluoro Ultrasound Nuclear Medicine CT
CT Diagnostic	□ Lung Cancer Survey □ Ch □ Virtual Colonoscopy □ Kn □ Coronary Calcium Score (Heart) □ Po □ Coronary CT Angiography* □ Po □ (CCTA) □ Po □ Pa	st PTCA/Stent(s) st CABG cemaker	MRI Other
Send Invoice to (please specify name):		① Paym	nent by Patient
Insurance Company / Employer:			
Contact:			
Address:			
Practitioner's Name:			

Practitioner's Address: Clinic Ph: _____ Clinic Fax: _____

Copy to: _____ Fax Copy: _____

Signature:

Physician's Stamp & Practice ID

Official Diagnostic Imaging Provider for:









EXAM PREPARATION

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Preparation instructions for all MRI & CT exams

- O Bring your Health Insurance Card and another piece of identification with this form.
- O If you are unable to keep your appointment, we ask that you call us 24 hours prior to your examination. We would be happy to re-schedule your appointment.

Preparation instructions exclusively for MRI exams

- O Abdomen Do not eat 4 hours prior to examination. You may drink clear fluids.
- O **Breast** For Breast MRI examinations that require IV contrast, please drink plenty of clear fluids prior to your exam.

Dynamic Breast MRI (with IV contrast material) to assess breast parenchyma for disease.

Implant Integrity Breast MRI (without IV contrast material) to assess silicone gel breast implants.

Combined study (with IV contrast material) to assess both breast parenchyma and silicone gel breast implants through a Dynamic Breast MRI and Implant Integrity Breast MRI.

Preparation instructions exclusively for CT exams

- O Bring a list of your medications with dosages included Take all your medication(s) as directed by your physician. Should you have any questions about taking your medications for the test, contact your doctor's office.
- CT imaging with contrast requires a serum creatinine (bloodwork) within the past 90 days to evaluate renal function
- For any CT exams requiring contrast

Do not eat solid foods 4 hours prior to examination, and drink plenty of clear fluids.

O CT Calcium Scoring

No caffeine the morning of your examination. This includes such things as: coffee (including decaffeinated coffees), teas, colas and soda pops, chocolate, Tylenol #1, #2, and #3 (over the counter Tylenol products may be used). If you are taking a prescription medication for pain relief, contact your pharmacist to ensure that it does not contain caffeine.

○ Coronary CT Angiography (CCTA)

Do not eat solid foods the morning of your exam. You may drink clear fluids. If you normally take medication in the morning, you may continue to do so with clear fluids (unless otherwise directed by your physician)

No caffeine the morning of your examination. (See CT Calcium Scoring for more details)

No exercise the morning of your exam.

No barium studies 48 hours prior to this examination.

No erectile dysfunction medications (eg. Viagra, Cialis) 48 hours prior to your exam (applies to both males and females).

○ CT Abdomen/Pelvis

Do not eat solid foods 4 hours prior to examination and drink plenty of clear fluids.

○ CT Virtual Colonoscopy

Our office will contact you to provide preparation instructions and a preparation kit.

Locations Hours of operation vary

© Extended Hours available for X-ray

by examination

Edmonton

Terra Losa 9566-170 ST NW

Easy street level access, in a retail and business facility with ample free parking. The Edmonton Transit System has several bus routes that serve the area.

For your convenience, there are restaurants and coffee shops in the nearby area.

© Century Park 201-2377 111 ST NW

Located on the 2nd Floor, in a retail and business facility with ample free parking. The Edmonton Transit System has several bus routes that serve the area, as well as the LRT which stops at the Century Park station.

For your convenience, there are several restaurants and coffee shops in the immediate area.