



MRI & CT: Private Services

SUBMIT BY EMAIL HERE

Ph CGY: 403.212.5847
Toll-Free Ph: 1.877.420.4CDC (4232)
Fax CGY: 403.253.4669
Toll-Free Fax: 1.877.919.3291
Email: mribooking@CanadaDiagnostics.ca
Online Requests: CanadaDiagnostics.ca

Patient & Appointment Information

Date of Requisition: DD/MM/YY

Name
Address
City Province Postal Code
Home Phone Other Phone
DOB DD/MM/YY Male Female Other _____ Weight lbs kg
AHC# WCB#/Accident Date DD/MM/YY

Appt. Date Time CDC Site: CHINOOK

Find your location at: canadadiagnostics.ca/locations/

MRI | 3T Max 500 lbs.

MRI | Patient Safety Information

Claustrophobic Yes? Physician to Provide Sedation
 Implanted Aneurysm Clip Metal in Eye or Body (Specify area)
 Implanted Pacemaker
 Renal Function Normal? Y N Creatine _____
 Breastfeeding

*Surgical Report, Make Model and Serial # Required for All Implanted Devices or Stents.

HEAD/NECK/NEURO

Multiple Sclerosis
 Routine Brain IAC/Routine Brain
 TMJ

MRA

Circle of Willis

EXTREMITIES

Shoulder R L
 Elbow R L
 Wrist R L
 Hand R L
 Hip R L
 Knee R L
 Ankle R L
 Foot R L
 WITH ARTHROGRAM
 Tendon/Nerves (Specify area) R L

SPINE

Cervical
 Thoracic
 Lumbar
 SI Joints
 Sacroccygeal

BODY

Soft Tissues of Neck
 Brachial Plexus
 Sternoclavicular Joints
 Chest Wall
 Breasts
 MRCP
 Abdomen
 Abdomen and Pelvis
 Pelvis
 Prostate
 Other (Specify area)

Physician

Referring Physician
Clinic
Phone
Fax
Copy to Dr.
Fax Copy to Dr.
PRAC ID
Signature

Clinical History / Special Requests

LMP or EDC
.....
.....
.....
.....

Relevant Prior Imaging

Type / When / Where
.....
.....
.....

Prior Surgery in Area of Imaging

Type / When / Where
.....
.....
.....

CT | Health Assessment Scan

Heart (Coronary artery calcium score)
 Virtual Colonoscopy (Colon cancer screening)
 Lung Cancer Screening

CT | Diagnostic Scan

Head
 Sinus
 Facial Bones (Specify area)
 Neck
 Chest
 Abdomen
 Abdomen and Pelvis
 Spine
 Other

Booking An Appointment

Appointments may be booked by either the practitioner or the patient, please submit requisition form prior to booking and have healthcare card available.

PLEASE BRING THIS REQUISITION FORM AND HEALTHCARE CARD TO YOUR EXAM

- Arrive 30 minutes prior to your exam unless notified otherwise
- Our clinics are scent free - Please refrain from the wearing of scented products
- Please bring an adult to supervise children under the age of 12

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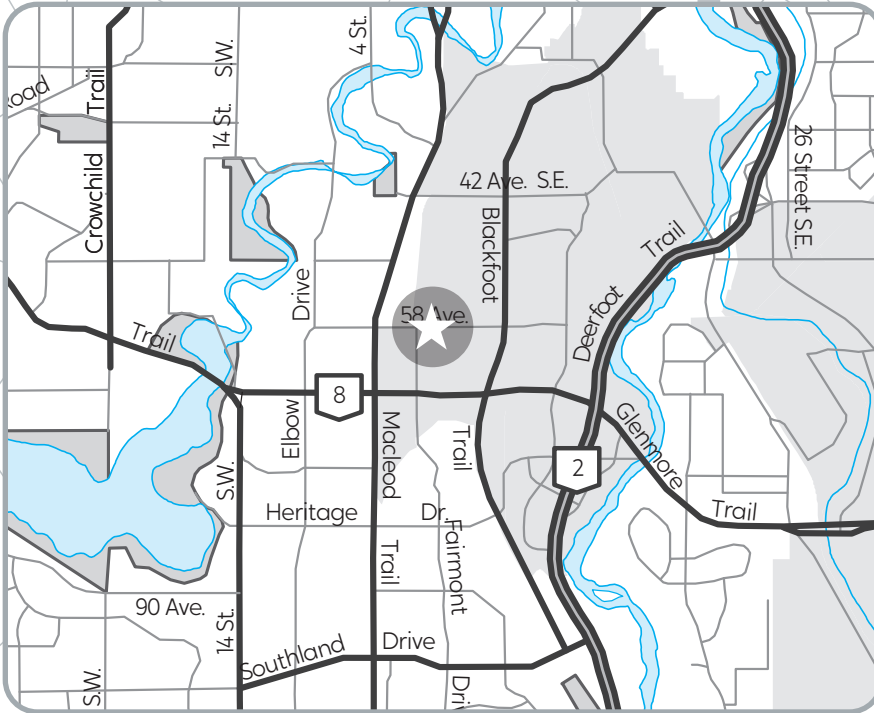
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CALGARY



Location

Chinook

1-6020 1A St SW, T2H 0G3

Ph: 403.253.4666

Fax: 403.301.2073

Pain Management | Private MRI/CT
Walk-in X-ray | Ultrasound | GI Studies

Exam Preparation

You may also visit prepare.CanadaDiagnostics.ca

MRI

ABDOMINAL or PELVIC MRI

Nothing to eat or drink for 4 hours prior to your exam.

PROSTATE EXAM PREPARATION

Do not eat any solid food 24 hours prior to your exam. You may have clear fluids only (Chicken/beef broth, Jell-O, apple juice, etc) for 4 hours prior to your exam. Stay well hydrated.

Take a PEG 3350 laxative 24 hours before your appointment. We recommend LAX-A Day or RestoraLAX, which can be purchased at any local drug store. If you are diabetic please consult your doctor.

CT

Detailed separate instructions sheets available. Please call 403.212.5855.