MAYFAIR
DIAGNOSTICS

Coronary CT Angiography REQUISITION

Tel: 403.777.3000
Fax: 403.777.3198
Toll Free: 1.866.611.2665
Toll Free Fax: 1.877.777.3199
privatebooking@radiology.ca

PATIENT & APPOINTMENT INFORMATION

PLACE PATIENT LABEL HERE

Date of Request: D/ M/ Y/

Name: ☐ Female ☐ Male

Address:

City: Province: Postal Code:

Home Phone:

Other Phone:

Date of Birth: D/ M/ Y/

AHC or WCB #:

Appt. Date: D/ M/ Y/ Time: ☐ am ☐ pm

EXAM TYPE

☐ **Coronary CT Angiography (CCTA)** ☐ **Mayfair Essential (CCTA & VC)**

PATIENT HISTORY & PRESUMPTIVE DIAGNOSIS

Please complete this section with as many details as possible. This enables our clinic staff to provide the most comprehensive patient care.

List previous cardiac studies:

Check box if applicable:

Cardiac

- ☐ CABG
- ☐ Angioplasty
- ☐ Stent
- ☐ Pacemaker
- ☐ ECG within one year

Other

- ☐ Asthma
- ☐ Diabetes
- ☐ Contrast allergies
- ☐ Other allergies:

MEDICATIONS

- ☐ Beta Blockers:
- ☐ Calcium Channel Blockers:
- ☐ Nitroglycerin:
- ☐ Insulin:
- ☐ Oral hypoglycemic agents:
- ☐ Bronchodilators:
- ☐ Theophylline:
- ☐ Viagra/Cialis/Levitra (relevant for males & females):
- ☐ Other:
- ☐ Creatinine

Recent serum creatinine required (<= 90 days):

REFERRER INFORMATION

Name:

Signature:

Phone:

Fax:

Copy to:

Address:

Practitioner's ID/Stamp:

☐ **Stat Report**

RADIOLOGIST'S PROTOCOL

TECHNOLOGIST'S NOTES

See reverse for examination instructions and location map.