

**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

**PRESUMPTIVE DIAGNOSIS**

Area to be examined and history: (Please complete this section with as many details as possible, and submit any relevant previous examination reports. This enables our clinic staff to provide the most comprehensive patient care.)

**CT HEALTH ASSESSMENT PACKAGES** (Health assessment scans are not recommended routinely for patients under 40 years of age)

**Mayfair ASSURANCE**  
 (Heart + Lung + Virtual Colonoscopy)<sup>1</sup>

**Mayfair PREMIER**  
 (Heart + Lung + Abdomen/Pelvis (Contrast-Infused CT))<sup>2</sup>

<sup>1</sup> Recent serum creatinine required (<=90 days): \_\_\_\_\_

**Mayfair ESSENTIAL** (Coronary CT Angiography + Virtual Colonoscopy + CT heart calcium score)<sup>2</sup>

**Mayfair COMPREHENSIVE** (PREMIER + Virtual Colonoscopy)<sup>2</sup>

<sup>2</sup> Contrast-infused CT imaging requires clinical indication and recent serum creatinine (<=90 days): \_\_\_\_\_

**EXAM TYPE**

**MRI (Wide-bore)**

**Diagnostic exam:** \_\_\_\_\_ (specify location)

Or choose from the following common exams:

**Brain**  
**TMJ**  
**Cervical Spine**    **Thoracic Spine**    **Lumbar Spine**  
**Breast**  
**Abdomen**    **Pelvis**  
**Joint:** \_\_\_\_\_ (specify location)    **R**    **L**  
**Arthrogram**

**Whole Body Imaging**  
**Body Composition Profile**

**Patient History – Check box if applicable:**

Claustrophobia  
 Pregnant (LMP \_\_\_\_\_ )  
 Over 500 lbs.  
 Cardiac pacemaker  
 Coronary artery, heart valve surgery  
 Aneurysm surgery or clip  
 Inner ear implant  
 Gunshot, metal fragment  
 Eye/head metal foreign body<sup>3</sup>  
 Welder, machinist, sheet metal worker<sup>3</sup>  
 Endoscope (within the last year)  
<sup>3</sup> Forward current orbit radiograph report.

**CT (Low-dose CT)**

**Diagnostic exam:** \_\_\_\_\_ (specify location)

Or choose from the following common exams:

**Heart** (Coronary Calcium Score)

**Coronary CT Angiography**

Requirement before booking: Recent ECG/Recent Creatinine (within 90 days)

**Lung Screen**

**Virtual Colonoscopy\*\***

**REFERRER INFORMATION**

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Copy to: \_\_\_\_\_ **WCB - Alberta**

Address: \_\_\_\_\_  
 Practitioner's ID/Stamp: \_\_\_\_\_

**Stat Report**

## NOTE TO PATIENT

Please arrive 15 minutes prior to your appointment. If you are late, your appointment may need to be rescheduled. Kindly provide 24 hours' notice if you are unable to keep your appointment.

Take all prescribed medications as directed. Inform us if any of the conditions on the front of this form apply to you or if you have an allergy, diabetes, or heart or kidney disease.

## PATIENT PREPARATION INSTRUCTIONS

**Abdominal MRI or pelvic MRI** - Do not eat or drink four hours prior to examination.

**CT heart scan** - No caffeine 24 hours before your examination.

**Coronary CT angiography** - Please refer to our website, call our booking office at 403.301.4525, or refer to your coronary CT angiography requisition.

**CT virtual colonoscopy** - Contact our office for preparation instructions.

**CT abdomen/pelvis** - Do not eat or drink two hours prior to examination.

## CT Health Assessment Scans

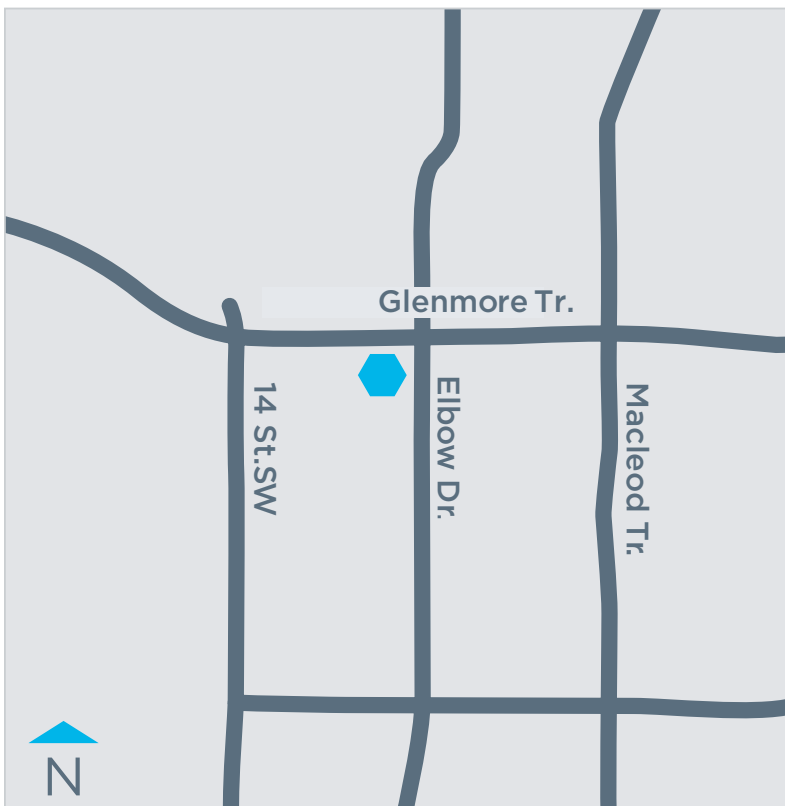
**Mayfair ASSURANCE** - Follow instructions under CT heart scan and CT virtual colonoscopy.

**Mayfair PREMIER** - Follow instructions under CT heart scan and CT abdomen/pelvis.

**Mayfair ESSENTIAL** - Follow instructions under CT virtual colonoscopy, and provided on the coronary CT angiography requisition.

**Mayfair COMPREHENSIVE** - Follow instructions under CT heart scan, CT virtual colonoscopy, and CT abdomen/pelvis.

## LOCATION AND CONTACT INFORMATION



### MAYFAIR DIAGNOSTICS MAYFAIR PLACE

132, 6707 Elbow Dr. SW  
Calgary, Alberta T2V0E3

**Bookings** 403.777.3000

**Fax** 403.777.3198

**Toll Free** 1.866.611.2665

**Toll Free Fax** 1.877.777.3199

**Email** [privatebooking@radiology.ca](mailto:privatebooking@radiology.ca)

#### How to find us

We are located on the corner of Glenmore Trail and Elbow Drive SW, at the south end of the Mayfair Place apartment building.

Two free hours parking onsite.