



BOOKING PROTOCOL

- · Physician office to fax to EFW Radiology
- EFW Radiology to confirm appointment with patient

MRI Booking (403) 244-3700 MRI Fax (403) 210-8391 Online Booking Request www.efwrad.com 3T and Wide Bore Options Available



Patient Information Place patient label here Name Phone (Home) DOB DD/MM/YY Male Female Phone (Work) Cell AHC# Address WCB# City/Province Postal Code Weight Height CLINICAL HISTORY / QUESTION TO BE ANSWERED Date of Issue DD/MM/YY MRI PATIENT SAFETY INFORMATION MRI No ☐ Brain ___ Pacemaker and/or cardiac defibrillator? ☐ Soft Tissue Neck _____ Ear or eye implant? ☐ TMJ _ Intracranial aneurysm clip? □ Cervical Spine ____ Heart surgery? ☐ Thoracic Spine _____ Penetrating metal eye injury? ☐ Lumbar Spine ____ Was it removed by a physician? ☐ SI Joints ___ Renal function normal? Creatinine____ □ Breast ___ Claustrophobic? If yes, physician ordered sedation advised ☐ Abdomen ☐ Pelvis ___ Any chance of pregnancy? ☐ Prostate _____ Breastfeeding? ☐ Joint (Specify Location)____ Last menstrual period?___ □R □L □Arthrogram Please provide surgical report, make model and serial # for all implanted ☐ Other _____ devices or stents. PREVIOUS RELEVANT EXAMS REFERRING PHYSICIAN Yes When Where Exam Physician Name: ____ MRI CT Signature: ____ Additional report to: X-rav US Call/Fax emergency report to:_____ Nuclear Medicine Physician Phone: ____ Other ___ Physician Address: ____



PATIENT INSTRUCTIONS

- Please arrive 30 minutes in advance of your appointment time unless otherwise indicated by MRI booking clerk.
- Confirming your identification is essential to ensure accurate medical records and for your protection and security.
- You will be asked at EACH VISIT to provide a VALID HEALTH CARE CARD and PICTURE ID.
- If you do not have your Health Care card you may be asked to return for your examination.
- Please bring your requisition with you, if it is not already on file with EFW Radiology.
- 24 hour notice required for appointment cancellations.
- Patients suspecting pregnancy should consult their physician before exam date.
- If you are having an Abdominal or Pelvic MRI, you MAY NOT eat or drink for 6 hours before your appointment. You may however take all prescribed medications with minimal amounts of water.
- If you are breastfeeding and require an injection of contrast with your MRI exam, you
 must inform the MRI Technologist prior to your appointment.
- Please arrange for child care as your children cannot accompany you into the MRI room.



EFW Radiology - Cambrian

#100, 2000 Veterans Place NW Calgary, AB T3B 4N2

Located on the 1st floor of the Cambrian Wellness Centre. Complimentary underground parking is available. Please register your vehicle plate with reception on the day of your appointment.



EFW Radiology - Seton

#116, 3883 Front Street SE Calgary, AB T3M 2J6

Complimentary underground and above ground parking available in designated EFW Radiology stalls. Please register your vehicle plate with reception on the day of your appointment. Parking in non-designated EFW stalls will not be reimbursed.

Official diagnostic imaging provider for:









EFW is a proud partner of:















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SEPARATE REQUISITIONS FOR:

General Diagnostic, Pediatric Ultrasound, or Pain Management & Spine Interventional

Available as PDF downloads are available:

Online: www.efwrad.com Call: (403) 717-1816

The personal health information that you provide to EFW is collected, used and disclosed in accordance with the provisions of the Health Information Act (HIA), and is used to provide diagnostic, treatment and care services to you, and to bill Alberta Health Care for services provided. For more information, please contact the EFW Privacy Officer at (587) 470-6449.