

BOOKING PROTOCOL

- Physician office to Fax to EFW Radiology
- EFW Radiology to confirm appointment with patient

MRI and CT Booking (403) 244-3700

MRI and CT Fax (403) 210-8391

Online Booking Request efwrad.com



Patient Information *Place patient label here*

Name _____
 DOB DD/MM/YY Male Female _____
 Address _____
 City/Province _____ Postal Code _____

Date of Issue **Appointment Date**

Phone (Res) _____
 Phone Work _____ Cell _____
 AHC# _____
 WCB# _____
 Height _____ Weight _____

CLINICAL QUESTION TO BE ANSWERED

SIGNIFICANT CLINICAL HISTORY

MRI

- Imaging Area of Concern _____
- Brain _____
- Neck _____
- TMJ _____
- Spine (Level) _____
- Breast _____
- Abdomen _____
- Pelvis _____
- Prostate _____
- Joint (Specify Location) _____
 R L Arthrogram
- Other _____

CT

- Imaging Area of Concern _____
- Head _____
- Neck - Soft Tissue _____
- Spine (Level) _____
- Chest _____
- Abdomen _____
- Pelvis _____
- Joint (Specify Location) _____
 R L Bilateral
- Cardiac Calcium Score _____
- Other _____

MRI PATIENT SAFETY INFORMATION

	Yes	No
Pacemaker and/or cardiac defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>
Ear or eye implant?	<input type="checkbox"/>	<input type="checkbox"/>
An intracranial aneurysm clip?	<input type="checkbox"/>	<input type="checkbox"/>
Any type of heart surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Has had a penetrating metal eye injury?	<input type="checkbox"/>	<input type="checkbox"/>
Was it removed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
Renal function normal?	<input type="checkbox"/>	<input type="checkbox"/>
Is the patient claustrophobic?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, physician ordered sedation advised</i>		
Any chance of pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
Last menstrual period? _____		

Please provide surgical report, make model and serial # for all implanted devices or stents

REFERRING PHYSICIAN

Physician Name: _____
 Signature: _____
 Additional report to: _____
 Call/Fax emergency report to: _____
 Physician Phone: _____
 Physician Address: _____

CT PATIENT SAFETY INFORMATION

	Yes	No
Have you had an injection of IV contrast in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a contrast reaction in the past?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Renal function normal?	<input type="checkbox"/>	<input type="checkbox"/>
Any chance of pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
Last menstrual period? _____		

eGFR _____

PREVIOUS RELEVANT EXAMS

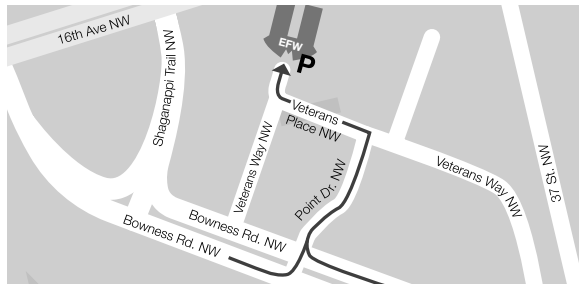
Exam	Yes	When	Where
MRI	<input type="checkbox"/>	_____	_____
CT	<input type="checkbox"/>	_____	_____
X-ray	<input type="checkbox"/>	_____	_____
US	<input type="checkbox"/>	_____	_____
Nuclear Medicine	<input type="checkbox"/>	_____	_____
Other		_____	_____

Please fax all relevant reports and requisition

RADIOLOGIST'S PROTOCOL

PATIENT INSTRUCTIONS

- Please arrive 30 minutes in advance of your appointment time.
- 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.
- Phone to cancel if unable to keep booked appointment.
- Please notify reception if you are diabetic.
- Patients suspecting pregnancy should consult their physician before exam date.
- If you are having an **Abdominal or Pelvic MRI or CT scan**, you **MAY NOT eat or drink for 4 hours before your appointment**. You may however take all prescribed medications with minimal amounts of water.
- If you have an injection of dye and are breastfeeding, you may want to express and store milk for your baby prior to the test and stop nursing for 24 hours after your exam. You should express and discard this milk. An extremely small percentage of dye, about .001% of the dose you received, is absorbed by your baby through breastfeeding. However, due to the very small percentage of contrast absorbed by the infant, the American College of Radiology (ACR) has stated that it is safe for mothers to continue breastfeeding after they have received MRI or CT contrast.
- Please arrange for child care as your children cannot accompany you into the MRI or CT room.



Advanced Medical Imaging Centre

2000 Veterans Place NW
Suite 100
Calgary, AB T3B 4B2

Located on the 1st floor of the Cambrian Wellness Centre. Complimentary underground parking is available & will be validated at reception on the day of your appointment.



EFW Radiology - Seton

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

From Front Street turn south onto 37th Street and access parking on the rear (south side) of the Seton Professional Building. Underground and above ground-parking available in designated EFW Radiology stalls. Parking in non-designated EFW stalls will not be reimbursed. The EFW building is located across the street from the South Health Campus main entrance.

Official diagnostic imaging provider for:



EFW is a proud partner of:



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efwrad.com

SEPARATE REQUISITIONS FOR:
General Diagnostic, Pediatric Ultrasound, or Pain Management & Spine Interventional
Available as PDF downloads on our website, efwrad.com, or call (403) 717-1816

Notice: 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.