



BGSA RADIOLOGY

MRI

AN ESSENTIAL PART OF YOUR HEALTHCARE TEAM

1854 SOUTHVIEW DRIVE, MEDICINE HAT
BOOKING LINE: 403 527 7334 EXT 3
BOOKING FAX: 403 527 9148

ARRIVE 20 MINUTES PRIOR TO APPOINTMENT

YOU ARE REQUIRED TO GIVE OUR OFFICE 3 BUSINESS DAYS NOTICE TO CANCEL - \$150 MISSED FEE WILL APPLY

PATIENT INFORMATION

NAME: _____
DOB: _____
ADDRESS: _____
CITY/PROVINCE: _____
PHONE: _____
CELL PHONE: _____
WORK PH: _____
AHC#: _____
WCB#: _____
Weight: _____ Height: _____

APPOINTMENT DATE: _____
TIME _____

PATIENT DETAILS

MEDICATIONS:

ALLERGIES

CONTRAST Y N LOCAL ANAESTHETIC Y N
LATEX Y N ADHESIVE TAPE Y N

PATIENT DETAILS

PREGNANT Y N HISTORY OF DIABETES Y N
BREAST FEEDING Y N LMP _____

AREA TO BE EXAMINED

RELEVANT HISTORY

SAFETY INFORMATION

	YES	NO
Cardiac pacemaker and/or defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm clip	<input type="checkbox"/>	<input type="checkbox"/>
Any brain or heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
Any eye or ear surgery	<input type="checkbox"/>	<input type="checkbox"/>
Metallic foreign body/implant	<input type="checkbox"/>	<input type="checkbox"/>
Explain _____		
Metallic foreign body injury to eye	<input type="checkbox"/>	<input type="checkbox"/>
Was metal removed?	<input type="checkbox"/>	<input type="checkbox"/>
Is patient claustrophobic?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, physician ordered sedation advised	<input type="checkbox"/>	<input type="checkbox"/>
Renal function normal	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine: _____ GFR: _____		

Previous Relevant Imaging:

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 with requisition

Previous	Surgery?	Year?
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERRING PHYSICIAN _____ COPIES TO _____

WE ACCEPT INTERACT, VISA, MASTERCARD, AMERICAN EXPRESS

WE DO NOT DIRECT BILL YOUR EXTENDED BENEFIT PLAN AT THIS TIME