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# MyHealth | CENTRE

**21589 Richmond Street**
Arva, ON N0M 1C0
Tel: 519-672-0070 | Fax: 519-850-0144
www.myhealthcentre.ca

## PATIENT INFORMATION:

PATIENT'S NAME: _____ D.O.B: _____ ☐ F ☐ M

ADDRESS: _____

TELEPHONE #: _____ OHIP #: _____

APPOINTMENT DATE: _____ TIME: _____ LMP: _____ WEIGHT: _____

*Note: Please see back for patient instructions and directions

Check if applicable ☐ STAT

## NUCLEAR CARDIOLOGY

☐ **MYOCARDIAL PERFUSION IMAGING (MPI)**
with ventricular function
☐ Exercise ☐ Pharmacologic Stress (Persantine)

☐ **MYOCARDIAL WALL MOTION (MUGA)**
with ejection fraction

☐ **MYOCARDIAL VIABILITY STUDY (THALLIUM)**

**Note:** Please consult your doctor regarding discontinuation of Beta Blockers (48hrs), Erectile Dysfunction medications (48hrs), and Calcium Blockers (24hrs) prior to cardiac stressing.

## GENERAL NUCLEAR MEDICINE

**BONE SCAN**
☐ Whole Body
☐ Specific Site: _____

**ENDOCRINE**
☐ Renal Flow & Scan
☐ Renal Flow with Captopril
☐ Renal Flow with Lasix
☐ Hepatobiliary Scan with EF
☐ Parathyroid Scan

**GASTROINTESTINAL**
☐ Gastric Emptying Scan
☐ Biliary Scan
☐ Liver / Spleen Scan
☐ G.I. Bleeding Scan
☐ Hemangioma Scan
☐ Meckel's Scan
☐ Salivary Scan

☐ **Other:** _____

## CARDIOLOGY

☐ **12-LEAD ELECTROCARDIOGRAM (ECG)**
☐ **ECHOCARDIOGRAM (COLOUR DOPPLER)**
***Please select one of the following indications:***
☐ Chest pain suspicious of CAD ☐ Murmur
☐ Congestive heart failure ☐ Hypertension
☐ Palpitations / arrhythmias ☐ Syncope
☐ Other: _____

☐ **EXERCISE STRESS TEST (GXT)**
☐ **HOLTER MONITORING**
☐ 24 hrs ☐ 48 hrs ☐ 72 hrs ☐ 1 wk ☐ 2 wks
☐ **24HR BP MONITOR ($80.00 fee required)**

## ULTRASOUND

☐ OB U/S for dating *(less than 6 weeks)*
☐ OB U/S ROUTINE *(18 – 20 weeks)*
☐ OB U/S NON-ROUTINE
☐ IPS *(between 11 to 13 weeks)*
☐ Full Abdomen *(includes limited pelvic screen)*
*(no pelvic prep required)*
☐ Upper Abdomen Only *(no pelvic screen)*
☐ Female Pelvic ☐ Transvaginal
☐ Male Pelvic ☐ Transrectal / Prostate
☐ Renal ☐ Bladder
☐ Scrotal / Testicular
☐ Breast ☐ R ☐ L ☐ B
☐ Soft Tissue Neck / Abdominal Wall
☐ **Other:** _____

**MSK**

| R | L | |
|---|---|---|
| ☐ | ☐ | Rotator Cuff |
| ☐ | ☐ | Elbow |
| ☐ | ☐ | Wrist |
| ☐ | ☐ | Knee |
| ☐ | ☐ | Popliteal Fossa |
| ☐ | ☐ | Ankle |
| ☐ | ☐ | Achilles |

## CARDIOLOGY CONSULTATION

☐ **CONSULTATION REQUESTED**
☐ Urgent, first available cardiologist
☐ Dr. Gerald Wisenberg
☐ Dr. _____

☐ **CONSULT IF TEST RESULT IS POSITIVE / ABNORMAL**

## VASCULAR DOPPLER

| | | | |
|---|---|---|---|
| ☐ Carotid | | | |
| ☐ Venous - Lower Extremity (DVT) | ☐ R | ☐ L | ☐ B |
| ☐ Venous - Upper Extremity (DVT) | ☐ R | ☐ L | ☐ B |
| ☐ Venous - Lower Extremity (with ABI) | ☐ R | ☐ L | ☐ B |
| ☐ Arterial - Upper Extremity | ☐ R | ☐ L | ☐ B |

Clinical Information: _____

_____

_____

Referring Physician: _____ (Print Name) _____ (Signature) Fax #: _____

Copy To: _____ (Print Name) Fax #: _____

MyHealth | CENTRE

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx

## PATIENT PREPARATION AND INSTRUCTIONS

**NOTES:**

1. A valid health card must be shown at every visit.
2. A signed requisition by a registered physician is mandatory for all exams.
3. If you would like to cancel/ change your appointment, please notify our office at least 24 hours prior to your scheduled time.

**For additional locations across Ontario, visit www.myhealthcentre.ca**

## NUCLEAR CARDIOLOGY, STRESS TESTING & CONSULTATIONS

1. Patient may have a light breakfast/lunch (e.g. toast, jam, fruit, juice, water) and then nothing to eat 1 hour prior to the test.
2. Discontinue all caffeine products 24 hours prior to the test. This includes all tea, coffee, decaffeinated tea/coffee, pop, chocolate, Tylenol 2 & 3 and/or medications containing caffeine.
3. Insulin-dependent diabetics should take their insulin and a light meal 1 hour prior to the test.
4. Wear loose fitting clothing (e.g. T-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all current prescription medications and check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers like Metroprolol or Atenolol, as well as Calcium Channel Blockers like Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) 48 hours prior to the test.

**MYOCARDIAL PERFUSION IMAGING** consists of 2 parts: 1. Rest Study - takes approximately 1.5 - 2 hours and consists of an injection followed by imaging.
2. Stress Study - takes approximately 2 - 2.5 hours and consists of a stress test, injection and imaging.

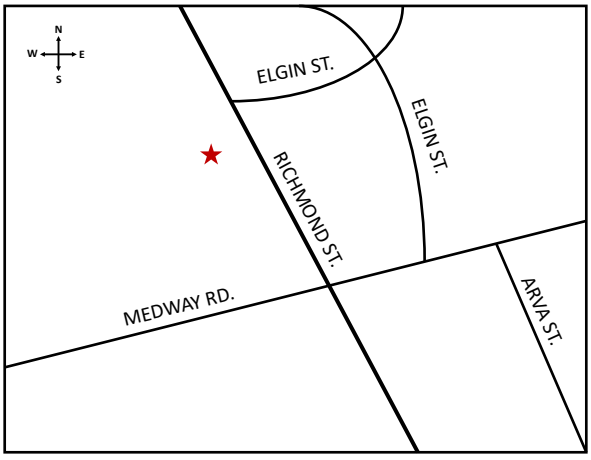
## ULTRASOUND

**ABDOMEN**
No eating or drinking (smoking or chewing gum) 8 hours prior to appointment.

**ABDOMEN / PELVIC**
No eating or drinking 8 hours prior to appointment EXCEPT that you must drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.
START AT: _____ FINISH BY: _____
**Do not empty bladder before examination.**

**OBSTETRICS / PELVIC**
Drink 34 oz or 1 litre of water 1 hour prior to appointment.
START AT: _____ FINISH BY: _____
**Do not empty bladder before examination.**

**OTHER**
No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.




## GENERAL NUCLEAR MEDICINE

**BILIARY SCAN**
Nothing to eat or drink 4 hours prior to appointment.

**RENAL SCAN**
Drink 2 cups of water 1 hour prior to appointment.
Bring all blood pressure medications.

**BONE SCAN**
You will receive an injection. After the injection you will be free to go until your next appointment time. You will be instructed to drink 3-4 glasses of fluids and void frequently. You will return at the second appointment time for pictures.

Initial injection: 20 min Later images: 2 hours

**GASTRIC EMPYTING SCAN**
You will be given a radioactive meal of scrambled egg whites on toast. You will then be imaged for one minute and asked to return in one hour intervals for one minute images until stomach contents fall below a certain level.
No eating or drinking for 6 - 8 hours prior to appointment. Medication, prokinetics, opiates and antispasmodics need to be discontinued for 2 days prior to testing.
Please inform us of any dairy allergies.

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*Clinic is located south of Arva Appliances on Richmond Street