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MyHealth | CENTRE

12050 Airport Road, Unit 2
Caledon, ON L7C 2W1
Tel: 905-495-6649 | Fax: 905-495-2597
www.myhealthcentre.ca

PATIENT INFORMATION:

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

ADDRESS: _____

TELEPHONE #: _____ HEALTH CARD #: _____

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

*Note: Please see back for patient instructions and directions

Check if applicable ☐ STAT

ULTRASOUND

- ☐ Follicular Studies
- ☐ OB U/S for dating *(less than 16 weeks)*
- ☐ OB U/S ROUTINE *(18 – 20 weeks)*
- ☐ OB U/S NON-ROUTINE
- ☐ Abdomen ☐ Limited Abdomen
- ☐ Inguinal Canal ☐R ☐L
- ☐ Breast ☐R ☐L ☐B
- ☐ Pelvis ☐ Transvaginal
- ☐ Transrectal ☐ Prostate
- ☐ Scrotal / Testicular
- ☐ Renal
- ☐ Bladder
- ☐ Thyroid and/or Neck
- ☐ Soft Tissue: _____
- ☐ Other: _____

VASCULAR DOPPLER

- ☐ Carotids
- ☐ Venous - Lower Extremity (DVT) ☐R ☐L ☐B
- ☐ Venous - Upper Extremity ☐R ☐L ☐B
- ☐ Arterial - Lower Extremity with ABI ☐R ☐L ☐B
- ☐ Arterial - Upper Extremity ☐R ☐L ☐B
- ☐ Renal Artery

MSK ULTRASOUND

☐ Rotator Cuff	☐R	☐L	☐B
☐ Elbow	☐R	☐L	☐B
☐ Wrist	☐R	☐L	☐B
☐ Hip	☐R	☐L	☐B
☐ Hamstring	☐R	☐L	☐B
☐ Ankle	☐R	☐L	☐B
☐ Achilles	☐R	☐L	☐B
☐ Other: _____	☐R	☐L	☐B

NUCLEAR CARDIOLOGY

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

Indication for ordering MPI procedures:

- ☐ Abnormal Exercise / Rest ECG
- ☐ Atypical (variant) angina / SOBOE
- ☐ Typical Angina
- ☐ Post M.I.
- ☐ Rule out CAD (CRF with symptoms)
- ☐ Other: _____

***Physician Note:** Please inform patient to stop any Beta Blockers (48hrs), Erectile Dysfunction medications (48hrs), and Calcium Blockers (24hrs) prior to cardiac stressing.

CARDIOLOGY

☐ **12-LEAD ELECTROCARDIOGRAM (ECG)**

☐ **ECHOCARDIOGRAM (COLOUR DOPPLER)**

Please select one of the following indications:

- ☐ Chest pain suspicious of CAD
- ☐ Congestive heart failure
- ☐ Palpitations / arrhythmias
- ☐ Other: _____
- ☐ Murmur
- ☐ Hypertension
- ☐ Syncope

☐ **EXERCISE STRESS TEST (TREADMILL)**

☐ **HOLTER MONITORING**

A. ☐ 24 hrs B. ☐ 48 hrs C. ☐ 72 hrs D. ☐ 2 wks

☐ **24HR BP MONITOR ($80.00 fee required)**

CARDIOLOGY CONSULTATION

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

_____

Clinical Information: _____

_____

_____

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

Copy To: _____ Fax #: _____
Print Name

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

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

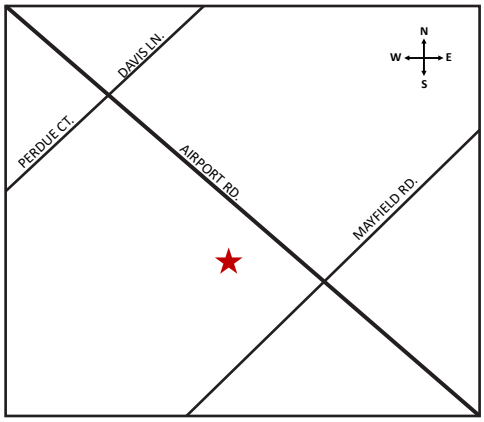
ABDOMEN
No eating or drinking (smoking or chewing gum) 8 hours prior to appointment.

ABDOMEN / PELVIS
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.
Do not empty bladder before examination.

OBSTETRICS / PELVIS
Drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.
Do not empty bladder before examination.

PROSTATE (TRANSRECTAL)
Fleet enema 2 hours before the examination (kit may be purchased at your pharmacy). Drink 34 oz or 1 litre of water FINISHED 1 hour prior to appointment.

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



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Major intersection is Airport Rd. and Mayfield Rd.

Free parking is available on the North side of the building. You may enter the building through the North side entrance.