

**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**

<b>NUCLEAR CARDIOLOGY</b>	<b>ULTRASOUND</b>
<input type="checkbox"/> <b>MYOCARDIAL PERFUSION IMAGING (MPI)</b> with ventricular function <input type="checkbox"/> Exercise <input type="checkbox"/> Pharmacologic Stress (Persantine) <b>Indication for ordering MPI procedures:</b> <input type="checkbox"/> Abnormal Exercise / Rest ECG <input type="checkbox"/> Post M.I. <input type="checkbox"/> Atypical (variant) angina / SOBOE <input type="checkbox"/> Rule out CAD (CRF with symptoms) <input type="checkbox"/> Typical Angina <input type="checkbox"/> Other: _____  <span style="color: red; font-size: small;">*Physician Note: Please inform patient to stop any Beta Blockers (48hrs), Erectile Dysfunction medications (48hrs), and Calcium Blockers (24hrs) prior to cardiac testing.</span>	<input type="checkbox"/> Follicular Studies <input type="checkbox"/> OB U/S for dating ( <i>less than 16 weeks</i> ) <input type="checkbox"/> OB U/S ROUTINE ( <i>18 – 20 weeks</i> ) <input type="checkbox"/> OB U/S NON-ROUTINE <input type="checkbox"/> Abdomen <input type="checkbox"/> Limited Abdomen <input type="checkbox"/> Inguinal Canal <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Breast <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Pelvis <input type="checkbox"/> Transvaginal <input type="checkbox"/> Prostate <input type="checkbox"/> Transrectal <input type="checkbox"/> Scrotal / Testicular <input type="checkbox"/> Renal <input type="checkbox"/> Bladder <input type="checkbox"/> Thyroid and/or Neck <input type="checkbox"/> Soft Tissue: _____ <input type="checkbox"/> Other: _____
<b>CARDIOLOGY</b>	<b>MSK ULTRASOUND</b>
<input type="checkbox"/> <b>12-LEAD ELECTROCARDIOGRAM (ECG)</b> <input type="checkbox"/> <b>ECHOCARDIOGRAM (COLOUR DOPPLER)</b> <span style="color: red; font-size: small;"><b>Please select one of the following indications:</b></span> <input type="checkbox"/> Chest pain suspicious of CAD <input type="checkbox"/> Murmur <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Palpitations / arrhythmias <input type="checkbox"/> Syncope <input type="checkbox"/> Other: _____ <input type="checkbox"/> <b>EXERCISE STRESS TEST (TREADMILL)</b> <input type="checkbox"/> <b>HOLTER MONITORING</b> A. <input type="checkbox"/> 24 hrs    B. <input type="checkbox"/> 48 hrs    C. <input type="checkbox"/> 72 hrs    D. <input type="checkbox"/> 2 wks <input type="checkbox"/> <b>LOOP / CARDIAC EVENT (14 days)</b> <input type="checkbox"/> <b>24HR BP MONITOR (\$80.00 cash fee required)</b>	<input type="checkbox"/> Rotator Cuff <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Elbow <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Wrist <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Hip <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Knee <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Ankle <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Achilles <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> B <input type="checkbox"/> Other: _____
<b>CARDIAC CONSULTATION</b>	<b>BONE MINERAL DENSITY</b>
<input type="checkbox"/> <b>CONSULTATION REQUESTED</b> <input type="checkbox"/> Urgent, first available cardiologist <input type="checkbox"/> Dr. Mansoor Husain <input type="checkbox"/> Dr. R. Mark Iwanochko <input type="checkbox"/> Dr. _____ <input type="checkbox"/> <b>CONSULT IF TEST RESULT IS POSITIVE / ABNORMAL</b>	<input type="checkbox"/> 1 <sup>st</sup> Baseline BMD in Ontario <input type="checkbox"/> Low Risk (2nd test - 36 months) <input type="checkbox"/> Low Risk (3rd test - 60 months) <input type="checkbox"/> High Risk (once every 12 months)

Clinical Information: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Print Name      \_\_\_\_\_ Signature      Fax #: \_\_\_\_\_

Copy To: \_\_\_\_\_ Print Name      Fax #: \_\_\_\_\_

## 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](http://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, all energy drinks, 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 Metoprolol 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 1 hour prior to appointment.

**Do not empty bladder before examination.**

### OTHER

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

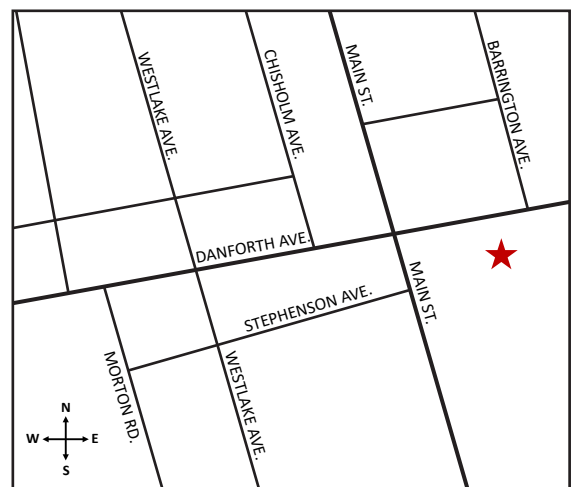
## BONE MINERAL DENSITY

Do not take calcium/vitamin supplements 24 hours prior to exam.

If you have had a nuclear medicine dye injection or a barium study within 2 weeks, please reschedule your BMD test.

Patients are asked to wear clothing without zippers or metal attachments.

**PLEASE DO NOT WEAR ANY SCENTED PRODUCTS**



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\*Free parking available in the back of the building