MyHealth | CENTRE

28 Sandiford Drive, Unit 3
Stouffville, ON L4A 3V9
Tel: 905-640-7100 | Fax: 905-640-7161
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
- ☐ Prostate
- ☐ Scrotal / Testicular
- ☐ Renal
- ☐ Bladder
- ☐ Thyroid and/or Neck
- ☐ Soft Tissue: ______________
- ☐ Other: ______________

MSK

R	L	
☐	☐	Rotator Cuff
☐	☐	Elbow
☐	☐	Wrist
☐	☐	Hip
☐	☐	Knee
☐	☐	Ankle
☐	☐	Achilles

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

GENERAL NUCLEAR MEDICINE

BONE SCAN
- ☐ Whole Body
- ☐ Specific Site: ______________
- ☐ Bone/Gallium (osteomyelitis)

GASTROINTESTINAL
- ☐ Gastric Emptying Scan
- ☐ Biliary Scan
- ☐ Liver / Spleen Scan
- ☐ RBC Liver Scan (hemangioma)
- ☐ Salivary Scan

☐ **OTHER:** ______________

ENDOCRINE
- ☐ Thyroid Flow & Scan Only
- ☐ Thyroid Uptake, Flow & Scan

Indication for ordering thyroid scan:
- ☐ Hyperthyroidism
- ☐ Other: ______________

- ☐ Parathyroid Scan
- ☐ Hepatobiliary Scan with EF
- ☐ Renal Flow & Scan
- ☐ Renal Scan with Captopril

***Physician Note for Thyroid Testing Only:** Please stop thyroid medications 3 weeks prior to test.

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 testing.

☐ **MYOCARDIAL WALL MOTION (MUGA, FIRST-PASS)**
with ejection fraction

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

☐ **LOOP / CARDIAC EVENT (14 days)**

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

CARDIOLOGY CONSULTATION

☐ **CONSULTATION REQUESTED**
- ☐ Urgent, first available cardiologist
- ☐ Dr. Joseph Minkowitz
- ☐ Dr. Paul Hacker
- ☐ Dr. Jonathan Lu
- ☐ Dr. Shruti Tandon
- ☐ Dr. ______________

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

Clinical Information: ______________________

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

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

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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, 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 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 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.

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.

THYROID UPTAKE & SCAN
1. Bring a list of all current prescription medications and check with your physician regarding the discontinuation of any thyroid medications or supplements (should be discontinued for 3 weeks).

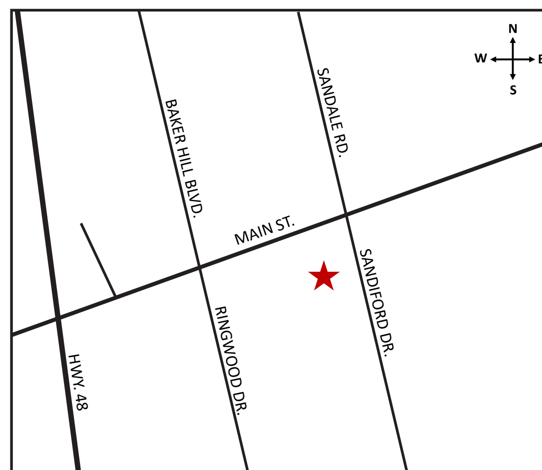
2. Thyroid medication (e.g. eltroxin, synthroid, thyroxine, etc.) or food containing iodine (e.g. kelp or seaweed) affect the results of this test.

THYROID UPTAKE & SCAN is performed over 2 days:
Day 1 - a capsule is taken orally and a measurement will be taken within 24 hours.
Day 2 - 24 hour measurement of uptake, followed by an injection and then imaging (1 hour).

CARDIOLOGY

HOLTER MONITORING OR EVENT RECORDING
Please do not put any cream/lotion on your chest.
Wear loose, comfortable clothing. Bring current list of medications.
Please note no shower/bath is permitted during recording period.

BLOOD PRESSURE MONITORING
Please wear blouse/shirt with short or loose fitting sleeves.
Bring current list of medications.



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