

TORONTO WEST

- Caledon
- Milton
- Mississauga
- Orangeville

TORONTO CENTRAL

- Newmarket
- North York
- Thornhill
- Toronto Bay & College
- Toronto Coxwell
- Toronto Danforth
- Toronto Davisville
- Toronto King
- Toronto Sherbourne

TORONTO EAST

- Oshawa
- Pickering
- Stouffville
- Whitby

APPOINTMENT TIME:

DATE (MM/DD/YY):

Check if Applicable **STAT**

PASTE PATIENT LABEL (IF AVAILABLE)

Patient Full Name: _____
 Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Date of Birth: _____
 Health Card #: _____
 Patient Height (cm): _____ Weight (kg): _____
 Clinical History: _____

CARDIOLOGY CONSULTATION

- 24-48hr Urgent
- First Available
- Consult if Test Result is Positive/Abnormal

- | | | |
|--|---|--|
| <input type="checkbox"/> Dr. _____ | <input type="checkbox"/> Dr. Gilbert, Brian | <input type="checkbox"/> Dr. McEwan, Patricia |
| <input type="checkbox"/> Dr. Ahmed, Shaheeda | <input type="checkbox"/> Dr. Hacker, Paul | <input type="checkbox"/> Dr. Minkowitz, Joseph |
| <input type="checkbox"/> Dr. Akram, Ali | <input type="checkbox"/> Dr. Husain, Mansoor | <input type="checkbox"/> Dr. Morgan, Christopher |
| <input type="checkbox"/> Dr. Arrazaghi, Abdulwahab | <input type="checkbox"/> Dr. Iwanochko, R. Mark | <input type="checkbox"/> Dr. Mundi, Aman |
| <input type="checkbox"/> Dr. Chan, Anita | <input type="checkbox"/> Dr. Kannampuzha, Paul | <input type="checkbox"/> Dr. Noronha, Luis |
| <input type="checkbox"/> Dr. Chun, Soohun | <input type="checkbox"/> Dr. Lu, Jonathan | <input type="checkbox"/> Dr. Tandon, Shruti |

CARDIOLOGY

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG) <input type="checkbox"/> Exercise Stress Test (GXT) <input type="checkbox"/> Stress Echo <input type="checkbox"/> Holter Monitoring <ul style="list-style-type: none"> <input type="radio"/> 24 hrs <input type="radio"/> 48 hrs <input type="radio"/> 72 hrs <input type="radio"/> 2 wks <input type="checkbox"/> Loop/Cardiac Event Monitoring <input type="checkbox"/> 24hr BP Monitor (\$80.00 fee required) | <ul style="list-style-type: none"> <input type="checkbox"/> Echocardiogram (Colour Doppler) <p>Select one of the following indications:</p> <ul style="list-style-type: none"> <input type="radio"/> Chest pain suspicious of CAD <input type="radio"/> Congestive heart failure <input type="radio"/> Palpitations/arrhythmias <input type="radio"/> Murmur <input type="radio"/> Hypertension <input type="radio"/> Syncope <input type="radio"/> Other: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Carotid Ultrasound |
|--|---|

NUCLEAR CARDIOLOGY

- | | | |
|--|--|---|
| <p>Myocardial Perfusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine | <p>Myocardial Viability</p> <ul style="list-style-type: none"> <input type="checkbox"/> Viability Study (Thallium) | <p>Ventricular Function</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resting |
|--|--|---|

X-RAY (WALK-INS ACCEPTED)

- | | | |
|---|--|--|
| <p>ABDOMINAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single/KUB <input type="checkbox"/> Acute (includes PA chest) <p>CHEST</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest PA & LAT <input type="checkbox"/> Ribs <input type="radio"/> R <input type="radio"/> L <input type="checkbox"/> Sternum <input type="checkbox"/> Chest Visa <p>HEAD & NECK</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Skull <input type="checkbox"/> Sinuses <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nose <input type="checkbox"/> Mandible <input type="checkbox"/> Orbits <input type="checkbox"/> T.M. Joints <input type="checkbox"/> Adenoids <input type="checkbox"/> Mastoids | <p>LOWER EXTREMITIES</p> <p>R L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hip <input type="checkbox"/> Femur <input type="checkbox"/> Knee <input type="checkbox"/> Tib. & Fib. <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Heel <input type="checkbox"/> Toe: 1 2 3 4 5 <p>SPINE & PELVIS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar (L/S) Spine <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> S.I. Joints <input type="checkbox"/> Pelvis | <p>UPPER EXTREMITIES</p> <p>R L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shoulder <input type="checkbox"/> Clavicle <input type="checkbox"/> Sternoclavicular joints <input type="checkbox"/> A.C. Joint <input type="checkbox"/> Scapula <input type="checkbox"/> Humerus <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Scaphoid <input type="checkbox"/> Hand <input type="checkbox"/> Finger: 1 2 3 4 5 <p><input type="checkbox"/> SKELETAL SURVEY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bone Age <p><input type="checkbox"/> OTHER: _____</p> |
|---|--|--|



ULTRASOUND

GENERAL ULTRASOUND

- Abdomen
- Abdomen/Pelvis Complete
- Abdomen/Pelvis (KUB)

OBSTETRICAL

- Dating (< 16 weeks)
- NT (11 - 14 weeks)
- Anatomic (18 - 20 weeks)
- Combined NT + Anatomic
- Fetal growth follow-up
- Biophysical Profile
- Twin Series¹
- High Risk Twin Series²
- Follicular Studies

PELVIS

- Female Pelvis
 - Transvaginal
- Male Pelvis
 - Prostate/Transrectal

SMALL PARTS

- Face
- Thyroid and Neck
- Neck
- Breast R L
- Chest
- Groin R L
- Testes/Scrotum
- Ophthalmic
- Soft Tissue/Lump

MUSCULOSKELETAL

- R L**
- Shoulder
 - Rotator Cuff
 - Elbow
 - Wrist
 - Hip
 - Hamstring
 - Knee
 - Popliteal Fossa
 - Ankle
 - Achilles Tendon
 - Plantar Fascia
 - Other: _____

US GUIDED PROCEDURES

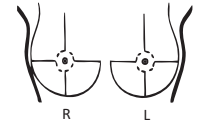
- Sonohysterogram
- Thyroid FNA Biopsy
- Other FNA: _____
- US Guided Injection: _____

VASCULAR STUDIES

- R L**
- Carotid
 - Renal Arteries
 - Aorta
 - Portal Venous Hypertension
 - Venous - Lower Extremity (DVT)
 - Venous - Upper Extremity (DVT)
 - Arterial - Lower Extremity (ABI)
 - Arterial - Upper Extremity
 - Varicose Vein Assessment

MAMMOGRAPHY & BONE MINERAL DENSITY

- Mammogram R L Implants
 - Lesion (please indicate site on image)
 - Ontario Breast Screening Program
- Previous: Yes No
- Where: _____
- When: _____
- Clinic Info: _____



BONE MINERAL DENSITY

- Baseline Study
- Follow Up
- High Risk

NUCLEAR MEDICINE

BONE SCAN

- Total Body
- Specific Site: _____
- SPECT

ENDOCRINE

- Thyroid Scan Only
- Thyroid Uptake & Scan
- Parathyroid

GALLIUM

- Total Body
- Specific Site: _____
- SPECT

Indication for ordering thyroid scan:

- Hyperthyroidism
- Other: _____

GASTROINTESTINAL

- Gallbladder/Biliary Scan
- Liver/Spleen Scan
- RBC Liver Scan
- Meckel's Scan

RENAL

- Captopril Renal
- Lasix Renal
- Renal Function (Baseline)

MISCELLANEOUS

- Brain Perfusion SPECT
- Lung Scan
- Salivary Scan

PASTE OFFICE LABEL (IF AVAILABLE)

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

Fax #: _____

Date: _____

Copy to: _____

<p>CALEDON 12050 Airport Road, Unit 2 Caledon, ON L7C 2W1 North of Mayfield Road beside Shell gas station T: 905-495-6649 F: 905-495-2597 SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Ultrasound, Vascular Studies</p>	<p>MILTON 480 Bronte Street South, Suite 212 Milton, ON L9T 9A9 Milton Professional Centre north of Derry Road T: 905-878-8831 F: 905-878-6575 SERVICES: BMD, Cardiology, Cardiology Consultation, Mammography, Nuclear Cardiology, Nuclear Medicine, OBSP, Ultrasound, Vascular Studies, X-ray</p>	<p>MISSISSAUGA 2300 Eglinton Avenue West, Suite G-02 Mississauga, ON L5M 2V8 Beside Credit Valley Hospital in basement level T: 905-828-0653 F: 905-828-0765 SERVICES: BMD, Cardiology, Cardiology Consultation, Mammography, Nuclear Cardiology, OBSP, Thyroid FNA, Ultrasound, Vascular Studies, X-ray</p>
<p>NEWMARKET 17215 Leslie Street Newmarket, ON L3Y 8E4 Between Davis & Mulock Drive near Sunset Grill T: 905-836-2626 F: 905-836-5043 SERVICES: Mammography, OBSP, Ultrasound, X-ray</p>	<p>NORTH YORK 4949 Bathurst Street, Unit 100 Toronto, ON M2R 1Y1 Northview Centre at Bathurst and Finch T: 416-223-5460 F: 416-223-8335 SERVICES: Mammography, OBSP, Ultrasound, X-ray</p>	<p>ORANGEVILLE 229 Broadway, Unit 1 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station T: 519-943-0022 F: 519-943-0045 SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine</p>
<p>OSHAWA 300 King Street West, Suite 201 Oshawa, ON L1J 2K1 Oshawa Medical Arts Building west of Park Road T: 905-723-3110 F: 905-723-9045 SERVICES: BMD, Nuclear Cardiology, Nuclear Medicine</p>	<p>PICKERING 1105 Kingston Road, Suite D202 Pickering, ON L1V 1B5 West of Dixie Road beside Shoppers Drug Mart T: 905-420-3068 F: 905-420-6057 SERVICES: BMD, Mammography, OBSP, Ultrasound, Vascular Studies, X-ray</p>	<p>STOUFFVILLE 28 Sandiford Drive, Unit 3 Stouffville, ON L4A 3V9 South of Main Street beside RBC Royal Bank T: 905-640-7100 F: 905-640-7161 SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine, Thyroid Uptake & Scan, Ultrasound, Vascular Studies</p>
<p>THORNHILL 7131 Bathurst Street, Suite LL03 Thornhill, ON L4J 7Z1 Medical Arts Centre north of Steeles T: 905-889-2400 F: 905-889-2455 SERVICES: BMD, Ultrasound, X-ray</p>	<p>TORONTO BAY & COLLEGE 790 Bay Street, Suite 716 Toronto, ON M5G 1N8 Southwest corner of Bay and College beside CIBC T: 416-260-9382 F: 416-260-2274 SERVICES: Ultrasound, X-ray</p>	<p>TORONTO COXWELL 840 Coxwell Avenue, Suite 215 Toronto, ON M4C 5T2 Across from Toronto East General Hospital T: 416-461-2599 F: 416-461-2099 SERVICES: BMD, Ultrasound</p>
<p>TORONTO DANFORTH 2575 Danforth Avenue, Unit 8 Toronto, ON M4C 1L5 Danforth Village near Tim Hortons T: 416-690-9437 F: 416-690-9441 SERVICES: BMD, Cardiology, Cardiology Consultation, Nuclear Cardiology, Ultrasound</p>	<p>TORONTO DAVISVILLE 1849 Yonge Street, Suite 218 Toronto, ON M4S 1Y2 Medical & Dental Centre south of Davisville T: 416-928-3467 F: 416-928-3502 SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology</p>	<p>TORONTO KING 11 King Street West, Suite C-100 Toronto, ON M5H 4C7 Yonge and King in the underground PATH T: 416-864-1814 F: 416-864-1499 SERVICES: Ultrasound, X-ray</p>
<p>TORONTO SHERBOURNE 600 Sherbourne Street, Suite 309 Toronto, ON M4X 1W4 Rosedale Medical Centre south of Bloor T: 416-926-1593 F: 416-926-8768 SERVICES: Cardiology, Cardiology Consultation</p>	<p>WHITBY 220 Dundas Street West, Suite 104 Whitby, ON L1N 8M7 Dundas Centre Medical across from Pizza Nova T: 905-430-3277 F: 905-430-3278 SERVICES: BMD, Nuclear Cardiology, Nuclear Medicine, Thyroid Uptake & Scan</p>	