



MISSISSAUGA

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MILTON

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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 VIABILITY STUDY (THALLIUM)**
- REST MUGA - VENTRICULAR FUNCTION** (*Milton location only)

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

CARDIOLOGY

- 12-LEAD ELECTROCARDIOGRAM (REST 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 (TREADMILL)**
- HOLTER MONITORING**
A. 24 hrs B. 48 hrs C. 72 hrs D. 2 wks
- 24HR BP MONITOR (\$80.00 fee required)**

CARDIAC CONSULTATION

- CONSULTATION REQUESTED**
 - URGENT, FIRST AVAILABLE CARDIOLOGIST**
 - DR. ALI AKRAM
 - DR. AMAN MUNDI
 - DR. ABDULWAHAB ARRAGAGHI
- CONSULT IF TEST RESULT IS POSITIVE / ABNORMAL**

Note: Please bring a list of all current prescription medications.

GENERAL NUCLEAR MEDICINE

- BONE SCAN**
 - WHOLE BODY
 - OTHER SITE: _____
- HEPATOBIILIARY SCAN**
- RBC LIVER SCAN**
- OTHER:** _____
- BMD**
 - 1st BASELINE BMD IN ONTARIO
 - LOW RISK (2nd test - 36 months)
 - LOW RISK (3rd test - 60 months)
 - HIGH RISK (once every 12 months)

X-RAY (No Appointment)

HEAD & NECK

- SOFT TISSUE NECK
- SKULL
- SINUSES
- FACIAL BONES
- MASTOIDS
- NOSE
- MANDIBLE
- ORBITS
- ADENOIDS / SOFT TISSUE
- TMJ - TEMPOROMANDIBULAR JT.

CHEST

- CHEST PA & LAT
- RIBS R L B
- STERNOCLAVICULAR JOINTS
- STERNUM
- OTHER: _____

ABDOMINAL

- SINGLE / KUB
- ACUTE (includes PA chest)

SPINE & PELVIS

- CERVICAL SPINE
- THORACIC SPINE
- LUMBAR (L/S) SPINE
- SACRUM / COCCYX
- S.I. JOINTS
- PELVIS

LOWER EXTREMITIES

- R L**
- HIP
- FEMUR
- KNEE
- TIB. & FIB.
- ANKLE
- FOOT
- HEEL
- TOE: 1 2 3 4 5
- SKELETAL SURVEY
- OTHER X-RAY:** _____

UPPER EXTREMITIES

- R L**
- ELBOW
- FOREARM
- SHOULDER
- HUMERUS
- CLAVICLE
- A.C. JOINTS
- SCAPULA
- WRIST
- SCAPHOID
- HAND & WRIST
- HAND
- FINGER: 1 2 3 4 5



ULTRASOUND (By Appointment)

- OB U/S FOR DATING (< 16 weeks)
- OB U/S ROUTINE (18 - 20 weeks)
- GROWTH / BIOPHYSICAL PROFILE
- EFTS / IPS (between 11 - 13 weeks)
- ABDOMEN LIMITED ABDOMEN
- THYROID THYROID FNA
- SOFT TISSUE NECK
- KIDNEY
- FEMALE PELVIS
- MALE PELVIS
- HERNIA
- BREAST
- OTHER: _____
- BLADDER
- TRANSVAGINAL
- SCROTAL / TESTICULAR
- R L B
- R L B

MSK

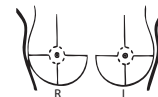
- R L**
- SHOULDER
- ROTATOR CUFF
- ELBOW
- WRIST
- HAMSTRING
- R L**
- KNEE
- POPLITEAL FOSSA
- ANKLE
- ACHILLES TENDON
- OTHER: _____

VASCULAR DOPPLER

- R L**
- CAROTID
- VENOUS - LOWER EXTREMITY
- VENOUS - UPPER EXTREMITY
- ARTERIAL - LOWER EXTREMITY
- ARTERIAL - UPPER EXTREMITY

MAMMOGRAPHY (By Appointment)

- DIAGNOSTIC R L B
- OBSP (Ontario Breast Screening Program)



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

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 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.

OBSTETRICAL / 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 DENSITOMETRY (BMD)

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

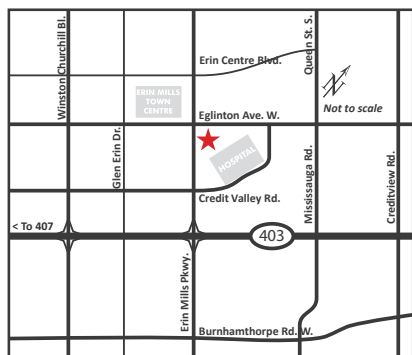
ECHOCARDIOGRAPHY

A cool sensation may be felt on the skin from the gel on the transducer, and a slight pressure of the transducer may be felt on your chest.

The appointment will take approximately 45 minutes.

MAMMOGRAM

Do not wear any deodorant, powder and perfume prior to appointment. Wear a separate blouse with skirt or slacks.



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