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MyHealth | CENTRE

☐ **1122 LaSalle Blvd., Ste. 107**
Sudbury, ON P3A 1Y4
Tel: 705-560-1114
Fax: 705-560-7191

☐ **2009 Long Lake Rd., Ste. B3**
Sudbury, ON P3E 6C3
Tel: 705-523-1295
Fax: 705-523-2012

☐ **65 Larch St., Ste. 103**
Sudbury, ON P3E 1B8
Tel: 705-673-2565
Fax: 705-673-4482

***Call 705-673-2565 to book an appointment**

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 ☐ WSIB Check if applicable ☐ STAT

ULTRASOUND (By Appointment)

☐ Follicular Studies
☐ OB U/S for dating *(less than 16 weeks)*
☐ OB U/S ROUTINE *(18 – 20 weeks)*
☐ OB U/S NON-ROUTINE
☐ Biophysical Profile
☐ IPS *(between 11 to 13 weeks)*
☐ Abdomen ☐ Aorta Only
☐ Inguinal Canal ☐ R ☐ L
☐ Breast ☐ R ☐ L ☐ B
☐ Pelvis ☐ Transvaginal
☐ Transrectal / Prostate
☐ Bladder ☐ Renal
☐ Thyroid
☐ Soft Tissue Neck

MSK

R	L	
☐	☐	Rotator Cuff
☐	☐	Elbow
☐	☐	Wrist
☐	☐	Hip
☐	☐	Knee & Popfossa
☐	☐	Ankle
☐	☐	Achille

☐ Scrotal / Testicular
☐ Soft Tissue: _____
☐ Other: _____
☐ FNA / Biopsy
☐ Salivary Gland

VASCULAR DOPPLER (By Appointment)

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

BONE MINERAL DENSITY (By Appointment)

☐ Baseline Study
☐ Follow Up

NUCLEAR CARDIOLOGY (By Appointment)

☐ **MYOCARDIAL WALL MOTION (MUGA)**
with ejection fraction

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

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

***Physician Note:** Please advise patient to stop any Beta Blockers (48hrs) and Calcium Blockers (24hrs) prior to cardiac testing.

X-RAY (No appointment required)

HEAD & NECK
☐ Soft Tissue Neck
☐ Skull
☐ Sinuses
☐ Facial Bones
☐ Nose
☐ Mandible
☐ Orbits
☐ TMJ - Temporomandibular Jt

CHEST
☐ Chest PA & LAT
☐ Ribs ☐ R ☐ L
☐ 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
☐ Scoliosis Series

LOWER EXTREMITIES

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tib. & Fib.
☐	☐	Ankle
☐	☐	Foot
☐	☐	Heel
☐	☐	Toe: 1 2 3 4 5

UPPER EXTREMITIES

R	L	
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Shoulder
☐	☐	Humerus
☐	☐	Clavicle
☐	☐	A.C. Joints
☐	☐	Scapula
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand
☐	☐	Finger: 1 2 3 4 5

☐ **LEG LENGTHS**
☐ **OTHER X-RAY:** _____

GASTRICS (By Appointment)
☐ Upper GI ☐ Small Bowel ☐ Upper GI & Small Bowel ☐ Barium Swallow

GENERAL NUCLEAR MEDICINE (By Appointment)

BONE SCAN
☐ Whole Body
☐ Specific Site: _____

ENDOCRINE
☐ Thyroid ☐ Parathyroid
Indication for ordering thyroid scan:
☐ Hyperthyroidism
☐ Other: _____

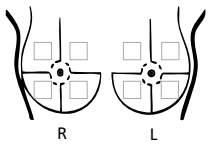
GASTROINTESTINAL
☐ Gastric Emptying Scan
☐ Biliary Scan ☐ with CCK
☐ Liver / Spleen Scan
☐ RBC Liver Scan
☐ Salivary Scan
☐ Meckel's Scan

MAMMOGRAPHY (By Appointment)

☐ Mammogram
☐ R ☐ L ☐ B ☐ Implants

☐ Ultrasound Breast

☐ OBSP (Ontario Breast Screening Program)
50-74 years old. No requisition required.



Clinical Information: _____

Referring Physician: _____ _____ Fax #: _____
Print Name — Signature *(Please sign in ink, digital not accepted)*

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

HOURS OF OPERATION
65 Larch St.: Mon.-Fri. 07:30-17:00, Sat. 08:00-16:00
1122 Lasalle Blvd.: Mon.-Thurs. 08:00-20:00, Fri. 08:00-17:30, Sat. 08:00-16:00
2009 Long Lake Rd.: Mon.-Fri. 08:00-17:00

***Call 705-673-2565 to book an appointment**

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. START AT: _____ FINISH BY: _____
Do not empty bladder before examination.

OBSTETRICAL / PELVIS
Drink 34 oz or 1 litre of water. START AT: _____ FINISH BY: _____
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. START AT:_____ FINISH BY: _____

BONE SCAN

You will receive an injection. After the injection you will be free to go until your next appointment time. You will be instructed to drink 3-4 glasses of fluids and void frequently. You will return at the second appointment time for pictures.

Inital injection: 20 min Later Images: 1 hour

MAMMOGRAM

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

GASTRICS

STOMACH, UGI, BARIUM SWALLOW, SMALL BOWEL
Nothing to eat or drink after midnight, which includes chewing gum, candies and smoking.
For Small Bowel, please allow 1 to 2 hours for appointment.

BONE MINERAL DENSITY (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

THYROID UPTAKE AND SCAN

Thyroid medications might affect the results of this test. Please inform staff at the time of booking if you are taking any thyroid medications.

You will be given an Iodine capsule and instructed to return in 24 hours for an injection and imaging.

Total test time: Day 1 - 15 minutes, Day 2 - 45 minutes