

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

**NUCLEAR CARDIOLOGY**

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

**X-RAY (WALK-INS ACCEPTED)**

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

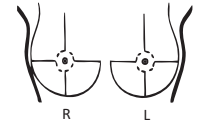
- Sonohysterogram
- Thyroid FNA Biopsy
- Other FNA: \_\_\_\_\_
- US Guided Injection: \_\_\_\_\_

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