

TORONTO WEST

- Caledon Milton
 Mississauga Orangeville

TORONTO CENTRAL

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

TORONTO EAST

- Oshawa Pickering
 Stouffville Whitby

Healthcare Provider Type: GP Specialist NP Chiropractor Physiotherapist Other: _____

Check if Applicable **URGENT**

PATIENT INFORMATION (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 Information/Indications: _____

ULTRASOUND

GENERAL ULTRASOUND

- Abdomen
 Abdomen + Pelvic + Transvaginal
 Abdomen + Pelvic Limited
 Renal
 Bladder

PELVIS

- Female Pelvis
 Transvaginal Transrectal
 Male Pelvis
 Prostate/Transrectal

OBSTETRICAL

- Dating < 16 weeks
 NT 11 - 14 weeks (IPS/eFTS)
 Anatomic 18 - 20 weeks
 Combined NT (IPS/eFTS) + Anatomic

- Fetal growth follow-up
 Biophysical Profile (BPP)
 Twin Series
 Follicular Studies

SMALL PARTS

- Face
 Thyroid and Neck
 Neck
 Breast R L
 Chest
 Groin R L
 Testes/Scrotum
 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 - Mississauga

VASCULAR

- R L**
 Carotid
 Renal Arteries
 Aorta
 Portal Venous Doppler
 Venous - Lower Extremity (DVT)
 Venous - Lower Extremity (Reflux)
 Venous - Upper Extremity (DVT)
 Arterial - Lower Extremity (ABI)
 Arterial - Upper Extremity

OTHER: _____

CARDIOLOGY

- 12-Lead Electrocardiogram (Rest ECG)
 Exercise Stress Test (GXT)
 Stress Echo
 Holter Monitoring
 24 hrs
 48 hrs
 72 hrs
 Other: _____
 Loop/Cardiac Event Monitoring
 24hr BP Monitor (\$80.00 fee required)
 Echocardiogram (Colour Doppler)
Select one of the following indications:
 Chest pain suspicious of CAD
 Congestive heart failure
 Palpitations/arrhythmias
 Murmur
 Hypertension
 Syncope
 Other: _____
 Contrast Echocardiogram

CARDIOLOGY CONSULTATION

- Urgent
 First Available
 Consult if Test Result is Positive/Abnormal
 Dr. _____

NUCLEAR CARDIOLOGY

- Myocardial Perfusion**
 Exercise
 Persantine
 Dobutamine
- Myocardial Viability**
 Viability Study (Thallium)
- Ventricular Function**
 Resting (MUGA)

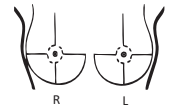
X-RAY (WALK-INS ACCEPTED)

- ABDOMINAL**
 Single/KUB
 Acute (includes PA chest)
- CHEST**
 Chest PA & LAT
 Ribs OR L
 Sternum
 Chest Visa
- HEAD & NECK**
 Soft Tissue Neck
 Skull
 Sinuses
 Facial Bones
 Nose
 Mandible
 Orbits
 T.M. Joints
 Adenoids
 Mastoids
- LOWER EXTREMITIES**
R L
 Hip
 Femur
 Knee
 Tib. & Fib.
 Ankle
 Foot
 Heel
 Toe: 1 2 3 4 5
- UPPER EXTREMITIES**
R L
 Shoulder
 Clavicle
 Sternoclavicular joints
 A.C. Joint
 Scapula
 Humerus
 Elbow
 Forearm
 Wrist
 Scaphoid
 Hand
 Finger: 1 2 3 4 5
- SPINE & PELVIS**
 Cervical Spine
 Thoracic Spine
 Lumbar (L/S) Spine
 Sacrum/Coccyx
 S.I. Joints
 Pelvis
- SKELETAL SURVEY**
 Bone Age
 OTHER: _____



MAMMOGRAPHY & BONE MINERAL DENSITY

- Mammogram R L Implants
 Ontario Breast Screening Program (OBSP) 50-74
BONE MINERAL DENSITY
 Baseline Study Follow Up High Risk



NUCLEAR MEDICINE

- BONE SCAN**
 Total Body
 Specific Site: _____
 SPECT
- GALLIUM**
 Total Body
 Specific Site: _____
 SPECT
- GASTROINTESTINAL**
 Gallbladder/Biliary Scan
 Liver/Spleen Scan
 Hemangioma
 Meckel's Scan
- ENDOCRINE**
 Thyroid Scan Only
 Thyroid Uptake & Scan
 Parathyroid
- Indication for ordering thyroid scan:**
 Hyperthyroidism
 Other: _____
- RENAL**
 Captopril Renal
 Lasix Renal
 Renal Function (Baseline)
- MISCELLANEOUS**
 Brain Perfusion SPECT
 V/Q Lung Scan
 Salivary Scan

STAMP OFFICE LABEL (IF AVAILABLE)

Referring Physician: _____ (Print Name) _____ (Signature)
 OHIP Billing Code: _____ Prof. Reg. #: _____
 Fax #: _____
 Date: _____
 Copy to: _____
 Report Delivery Preference: Fax HRM Other: _____

Please note, all diagnostic tests require a scheduled appointment, except for X-ray (walk-ins accepted).

Now you can take a picture of this form and TEXT it to MyHealth Centre: 647-362-9246

CALEDON	MILTON	MISSISSAUGA
<p>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</p> <p>SERVICES: Cardiology, Nuclear Cardiology, Ultrasound, Vascular US</p>	<p>480 Bronte Street South Suite 212 (Radiology) & Suite 218 (Cardiology) Milton, ON L9T 9A9 Milton Professional Centre north of Derry Road T: 905-878-8831 F: 905-878-6575</p> <p>SERVICES: BMD, Cardiology, Cardiology Consultation, IPS/eFTS, Mammography & OBSP, Nuclear Cardiology, Nuclear Medicine, Ultrasound, Vascular US, X-ray</p>	<p>2300 Eglinton Avenue West Suite G01 (Cardiology) & Suite G02 (Radiology) Mississauga, ON L5M 2V8 Beside Credit Valley Hospital in basement level T: 905-828-0653 F: 905-828-0765</p> <p>SERVICES: BMD, Cardiology, Cardiology Consultation, IPS/eFTS, Mammography & OBSP, Nuclear Cardiology, Thyroid FNA Biopsy, Ultrasound, Vascular US, X-ray</p>
NEWMARKET	NORTH YORK	ORANGEVILLE
<p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre T: 905-836-2626 F: 905-836-5043</p> <p>SERVICES: IPS/eFTS, Mammography & OBSP, Ultrasound, X-ray</p>	<p>4949 Bathurst Street, Suite 100 Toronto, ON M2R 1Y1 Northview Centre at Bathurst and Finch T: 416-223-5460 F: 416-223-8335</p> <p>SERVICES: IPS/eFTS, Mammography & OBSP, Ultrasound, X-ray</p>	<p>229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station T: 519-943-0022 F: 519-943-0045</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine</p>
OSHAWA	PICKERING	SCARBOROUGH
<p>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</p> <p>SERVICES: BMD, Nuclear Cardiology, Nuclear Medicine</p>	<p>1105 Kingston Road, Suite D202 Pickering, ON L1V 1B5 East of Dixie Road beside Shoppers Drug Mart T: 905-420-3068 F: 905-420-6057</p> <p>SERVICES: BMD, IPS/eFTS, Mammography & OBSP, Ultrasound, Vascular US, X-ray</p>	<p>462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, north of Danforth Road T: 416-690-9437 F: 416-690-9441</p> <p>SERVICES: BMD, Cardiology, Cardiology Consultation, Nuclear Cardiology, Ultrasound, Vascular US, X-ray</p>
STOUFFVILLE	THORNHILL	TORONTO BAY & COLLEGE
<p>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</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine, Thyroid Uptake & Scan, Ultrasound, Vascular US</p>	<p>7131 Bathurst Street, Suite LL03 Thornhill, ON L4J 7Z1 Medical Arts Centre north of Steeles T: 905-889-2400 F: 905-889-2455</p> <p>SERVICES: BMD, IPS/eFTS, Ultrasound, X-ray</p>	<p>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</p> <p>SERVICES: IPS/eFTS, Twin Series & Ultrasound, X-ray</p>
TORONTO COXWELL	TORONTO DAVISVILLE	TORONTO KING
<p>840 Coxwell Avenue, Suite 215 Toronto, ON M4C 5T2 Across from Toronto East General Hospital T: 416-461-2599 F: 416-461-2099</p> <p>SERVICES: BMD, Ultrasound</p>	<p>1849 Yonge Street, Suite 218 Toronto, ON M4S 1Y2 Medical & Dental Centre south of Davisville T: 416-928-3467 F: 416-928-3502</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology</p>	<p>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</p> <p>SERVICES: Ultrasound, Vascular US, X-ray</p>
TORONTO SHERBOURNE	WHITBY	
<p>600 Sherbourne Street, Suite 309 Toronto, ON M4X 1W4 Rosedale Medical Centre south of Bloor T: 416-926-1593 F: 416-926-8768</p> <p>SERVICES: Cardiology, Cardiology Consultation</p>	<p>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</p> <p>SERVICES: BMD, Nuclear Cardiology, Nuclear Medicine, Thyroid Uptake & Scan</p>	

For test preparations in 15+ languages, please visit MyHealthCentre.ca/Locations or call 416-223-5460



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.asp>