

**\*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  **URGENT**

**ULTRASOUND (By Appointment)**


Follicular Studies    **MSK**  
 OB U/S for dating (*less than 16 weeks*)    **R L**  
 OB U/S ROUTINE (*18 – 20 weeks*)     Rotator Cuff  
 OB U/S NON-ROUTINE     Elbow  
 Biophysical Profile     Wrist  
 IPS (*between 11 to 13 weeks*)     Hip  
 Abdomen     Aorta Only     Knee & Popfossa  
 Inguinal Canal     R     L     Ankle  
 Breast     R     L     B     Achille  
 Pelvis     Transvaginal     Scrotal / Testicular  
 Transrectal / Prostate     Soft Tissue: \_\_\_\_\_  
 Bladder     Renal     Other: \_\_\_\_\_  
 Thyroid     FNA / Biopsy  
 Soft Tissue Neck     Salivary Gland

**X-RAY (No appointment required)**

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

**SPINE & PELVIS**  
 Cervical Spine  
 Thoracic Spine  
 Lumbar (L/S) Spine  
 Sacrum / Coccyx  
 S.I. Joints  
 Pelvis  
 Scoliosis Series

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



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

**LEG LENGTHS**  
 **OTHER X-RAY:** \_\_\_\_\_

**CHEST**  
 Chest PA & LAT  
 Ribs     R     L  
 Sternoclavicular Joints  
 Sternum  
 Other: \_\_\_\_\_

**ABDOMINAL**  
 Single / KUB  
 Acute (*includes PA chest*)

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

**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.

**GENERAL NUCLEAR MEDICINE (By Appointment)**

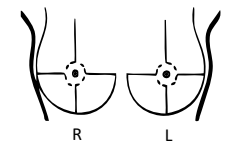
**BONE SCAN**  
 Whole Body  
 Specific Site: \_\_\_\_\_

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

**ENDOCRINE**  
 Thyroid     Parathyroid  
*Indication for ordering thyroid scan:*  
 Hyperthyroidism  
 Other: \_\_\_\_\_

**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: \_\_\_\_\_ Print Name    \_\_\_\_\_ Signature    Fax #: \_\_\_\_\_

Copy To: \_\_\_\_\_ Print Name    Fax #: \_\_\_\_\_

#### 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

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### 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](http://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. 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.

Initial 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