

TORONTO WEST

- Caledon
- Mississauga
- Milton
- Orangeville

TORONTO CENTRAL

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

TORONTO EAST

- Oshawa
- Stouffville
- Pickering
- 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: _____

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 | Myocardial Viability | Ventricular Function |
|---|---|---|
| <input type="checkbox"/> Exercise
<input type="checkbox"/> Persantine
<input type="checkbox"/> Dobutamine | <input type="checkbox"/> Viability Study (Thallium) | <input type="checkbox"/> Resting (MUGA) |

X-RAY (WALK-INS ACCEPTED)

- | ABDOMINAL | LOWER EXTREMITIES | UPPER EXTREMITIES |
|---|--|---|
| <input type="checkbox"/> Single/KUB
<input type="checkbox"/> Acute (includes PA chest) | R L
<input type="checkbox"/> Hip
<input type="checkbox"/> Femur
<input type="checkbox"/> Knee
<input type="checkbox"/> Tib. & Fib.
<input type="checkbox"/> Ankle
<input type="checkbox"/> Foot
<input type="checkbox"/> Heel
<input type="checkbox"/> Toe: 1 2 3 4 5 | R L
<input type="checkbox"/> Shoulder
<input type="checkbox"/> Clavicle
<input type="checkbox"/> Sternoclavicular joints
<input type="checkbox"/> A.C. Joint
<input type="checkbox"/> Scapula
<input type="checkbox"/> Humerus
<input type="checkbox"/> Elbow
<input type="checkbox"/> Forearm
<input type="checkbox"/> Wrist
<input type="checkbox"/> Scaphoid
<input type="checkbox"/> Hand
<input type="checkbox"/> Finger: 1 2 3 4 5 |
| CHEST
<input type="checkbox"/> Chest PA & LAT
<input type="checkbox"/> Ribs OR OL
<input type="checkbox"/> Sternum
<input type="checkbox"/> Chest Visa | SPINE & PELVIS
<input type="checkbox"/> Cervical Spine
<input type="checkbox"/> Thoracic Spine
<input type="checkbox"/> Lumbar (L/S) Spine
<input type="checkbox"/> Sacrum/Coccyx
<input type="checkbox"/> S.I. Joints
<input type="checkbox"/> Pelvis | <input type="checkbox"/> Meckel's Scan |
| HEAD & NECK
<input type="checkbox"/> Soft Tissue Neck
<input type="checkbox"/> Skull
<input type="checkbox"/> Sinuses
<input type="checkbox"/> Facial Bones
<input type="checkbox"/> Nose
<input type="checkbox"/> Mandible
<input type="checkbox"/> Orbits
<input type="checkbox"/> T.M. Joints
<input type="checkbox"/> Adenoids
<input type="checkbox"/> Mastoids | <input type="checkbox"/> Skeletal Survey
<input type="radio"/> Bone Age
<input type="checkbox"/> OTHER: _____ |  |

ULTRASOUND

GENERAL ULTRASOUND

- Abdomen + Pelvic Limited
- Abdomen + Pelvic + Transvaginal
- Abdomen
- 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

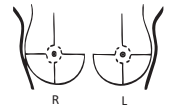
VASCULAR

- 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: _____

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

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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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 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>