

**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: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_  
 Gender: \_\_\_\_\_ 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: \_\_\_\_\_
- 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**

First Available     Consult if Test Result is Positive/Abnormal  
 Dr. \_\_\_\_\_

**NUCLEAR CARDIOLOGY**

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

**NUCLEAR MEDICINE**

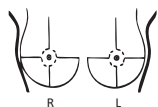
- |   |  |
|---|--|
| <p><b>BONE SCAN</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Total Body</li> <li><input type="checkbox"/> Specific Site: _____</li> <li><input type="checkbox"/> SPECT</li> </ul> <p><b>GALLIUM</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Total Body</li> <li><input type="checkbox"/> Specific Site: _____</li> <li><input type="checkbox"/> SPECT</li> </ul> <p><b>GASTROINTESTINAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Gallbladder/Biliary Scan</li> <li><input type="checkbox"/> Liver/Spleen Scan</li> <li><input type="checkbox"/> Hemangioma</li> <li><input type="checkbox"/> Meckel's Scan</li> </ul> | <p><b>ENDOCRINE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thyroid Scan Only</li> <li><input type="checkbox"/> Thyroid Uptake &amp; Scan</li> <li><input type="checkbox"/> Parathyroid</li> </ul> <p><b>Indication for ordering thyroid scan:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Hyperthyroidism</li> <li><input type="radio"/> Other: _____</li> </ul> <p><b>RENAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Captopril Renal</li> <li><input type="checkbox"/> Lasix Renal</li> <li><input type="checkbox"/> Renal Function (Baseline)</li> </ul> <p><b>MISCELLANEOUS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Brain Perfusion SPECT</li> <li><input type="checkbox"/> V/Q Lung Scan</li> <li><input type="checkbox"/> Salivary Scan</li> </ul> |
|---|--|

**MAMMOGRAPHY & BONE MINERAL DENSITY**

- Mammogram     R     L     Implants
- Ontario Breast Screening Program (OBSP) 50-74 yrs of age

**BONE MINERAL DENSITY**

- Baseline Study     Follow Up     High Risk     Routine



**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
- Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
- Fetal growth follow-up
- Biophysical Profile (BPP)
- Twin Series (> 18 weeks) - **Toronto Bay**
- 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 - **Toronto Bay**
- Thyroid FNA Biopsy

**VASCULAR**

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

**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

**SPINE & PELVIS**

- Cervical Spine
- Thoracic Spine
- Lumbar (L/S) Spine
- Sacrum/Coccyx
- S.I. Joints
- Pelvis
- Scoliosis Series

**UPPER EXTREMITIES**

- R L**
- Shoulder
  - Clavicle
  - Sternoclavicular joints
  - A.C. Joint
  - Scapula
  - Humerus
  - Elbow
  - Forearm
  - Wrist
  - Scaphoid
  - Hand
  - Finger: 1 2 3 4 5



**SKELETAL SURVEY**

- Bone Age
- OTHER:** \_\_\_\_\_

**STAMP OFFICE LABEL (IF AVAILABLE)**

Referring Physician: \_\_\_\_\_ (Print Name)      \_\_\_\_\_ (Signature)  
 Billing Provider #: \_\_\_\_\_      CPSO #: \_\_\_\_\_  
 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: 647-694-7800

CALEDON	MILTON	MISSISSAUGA
<p>12050 Airport Road, Unit 2 Caledon, ON L7C 2W1 North of Mayfield Road beside Shell gas station in the plaza (Tullamore Mews) side entrance</p> <p><b>T: 905-495-6649   F: 905-495-2597</b></p> <p><b>SERVICES:</b> Cardiology, Nuclear Cardiology, Ultrasound, Vascular US</p>	<p>480 Bronte Street South Suite 212 (Radiology) &amp; Suite 218 (Cardiology) Milton, ON L9T 9A9 Milton Professional Centre north of Derry Road</p> <p><b>T: 905-878-8831   F: 905-878-6575</b></p> <p><b>SERVICES:</b> BMD, Cardiology, Cardiology Consultation, IPS/eFTS, Mammography &amp; OBSP, Nuclear Cardiology, Nuclear Medicine, Ultrasound, Vascular US, X-ray</p>	<p>2300 Eglinton Avenue West Suite G01 (Cardiology) &amp; Suite G02 (Radiology) Mississauga, ON L5M 2V8 Beside Credit Valley Hospital in basement level</p> <p><b>T: 905-828-0653   F: 905-828-0765</b></p> <p><b>SERVICES:</b> BMD, Cardiology, Cardiology Consultation, IPS/eFTS, Mammography &amp; 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</p> <p><b>T: 905-836-2626   F: 905-836-5043</b></p> <p><b>SERVICES:</b> IPS/eFTS, Mammography &amp; OBSP, Ultrasound, X-ray</p>	<p>4949 Bathurst Street, Suite 100 Toronto, ON M2R 1Y1 Northview Centre at Bathurst and Finch</p> <p><b>T: 416-223-5460   F: 416-223-8335</b></p> <p><b>SERVICES:</b> IPS/eFTS, Mammography &amp; OBSP, Ultrasound, X-ray</p>	<p>229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station</p> <p><b>T: 519-943-0022   F: 519-943-0045</b></p> <p><b>SERVICES:</b> 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</p> <p><b>T: 905-723-3110   F: 905-723-9045</b></p> <p><b>SERVICES:</b> BMD, Nuclear Cardiology, Nuclear Medicine</p>	<p>1105 Kingston Road, Suite D202 Pickering, ON L1V 1B5 East of Dixie Road above Shoppers Drug Mart</p> <p><b>T: 905-420-3068   F: 905-420-6057</b></p> <p><b>SERVICES:</b> BMD, IPS/eFTS, Mammography &amp; OBSP, Ultrasound, Vascular US, X-ray</p>	<p>462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, north of Danforth Road</p> <p><b>T: 416-690-9437   F: 416-690-9441</b></p> <p><b>SERVICES:</b> BMD, Cardiology, Cardiology Consultation, Nuclear Cardiology, Ultrasound, 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</p> <p><b>T: 905-640-7100   F: 905-640-7161</b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine, Thyroid Uptake &amp; Scan, Ultrasound, Vascular US</p>	<p>7131 Bathurst Street, Suite LL03 Thornhill, ON L4J 7Z1 Medical Arts Centre north of Steeles</p> <p><b>T: 905-889-2400   F: 905-889-2455</b></p> <p><b>SERVICES:</b> 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</p> <p><b>T: 416-260-9382   F: 416-260-2274</b></p> <p><b>SERVICES:</b> IPS/eFTS, Sonohysterogram, Twin Series &amp; 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</p> <p><b>T: 416-461-2599   F: 416-461-2099</b></p> <p><b>SERVICES:</b> BMD, Thyroid FNA Biopsy, Ultrasound</p>	<p>1849 Yonge Street, Suite 218 Toronto, ON M4S 1Y2 Medical &amp; Dental Centre south of Davisville</p> <p><b>T: 416-928-3467   F: 416-928-3502</b></p> <p><b>SERVICES:</b> 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</p> <p><b>T: 416-864-1814   F: 416-864-1499</b></p> <p><b>SERVICES:</b> 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</p> <p><b>T: 416-926-1593   F: 416-926-8768</b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation</p>	<p>220 Dundas Street West, Suite 104 Whitby, ON L1N 8M7 Dundas Centre Medical across from Pizza Nova</p> <p><b>T: 905-430-3277   F: 905-430-3278</b></p> <p><b>SERVICES:</b> BMD, Nuclear Cardiology, Nuclear Medicine, Thyroid Uptake &amp; Scan</p>	

For test preparations in 15+ languages, please visit [MyHealthCentre.ca/Locations](http://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>