

-
- Arva
-
-
- London Southdale

-
- Brantford
-
-
- London Wharncliffe

-
- Delhi
-
-
- Simcoe

-
- London Fanshawe

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

 Check if Applicable: **URGENT**

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: _____

ULTRASOUND
GENERAL ULTRASOUND

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

PELVIS

-
- Female Pelvic
-
-
- Transvaginal
-
-
- Male Pelvic
-
-
- Transrectal (Prostate)

OBSTETRICAL

-
- Dating (< 16 weeks)
-
-
- Prenatal Screening (IPS/eFTS) 11-14 weeks
-
-
- Anatomic 18-20 weeks
-
-
- Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
-
-
- Fetal growth follow-up
-
-
- Biophysical Profile (BPP)
-
-
- Follicular Studies

SMALL PARTS

-
- Face
-
-
- Thyroid and Neck
-
-
- Neck
-
-
- Female Breast
-
- R
-
- L
-
-
- Male Breast - Bilateral
-
-
- 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

-
- Biopsy - Thyroid FNA -
- London Wharncliffe**
-
-
- Sonohysterogram -
- London Fanshawe**

VASCULAR
R L

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

CARDIOLOGY

-
- 12-Lead Electrocardiogram (Rest ECG)
-
-
- Exercise Stress Test (GXT)
-
-
- Holter Monitoring
-
-
- 24 hrs
-
- 48 hrs
-
- 72 hrs
-
-
- Other: _____
-
-
- 24hr BP Monitor (Not insured by OHIP)
-
-
- Cardio-Pulmonary Testing -
- Simcoe**
-
-
- Pre & Post Spirometry
-
-
- Full Pulmonary Function Test
-
-
- Include Respirology Consult
-
-
- Echocardiogram (Colour Doppler)
-
-
- Chest pain suspicious of CAD
-
-
- Congestive heart failure
-
-
- Hypertension
-
-
- Murmur
-
-
- Palpitations/arrhythmias
-
-
- 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
<input type="checkbox"/> Persantine
<input type="checkbox"/> Dobutamine | <input type="checkbox"/> Viability Study (Thallium) | <input type="checkbox"/> Resting (MUGA) - Simcoe |

NUCLEAR MEDICINE - SIMCOE

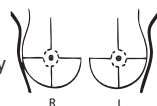
- | | |
|---|---|
| BONE SCAN
<input type="checkbox"/> Total Body
<input type="checkbox"/> Specific Site: _____
<input type="checkbox"/> SPECT
GALLIUM
<input type="checkbox"/> Total Body
<input type="checkbox"/> Specific Site: _____
<input type="checkbox"/> SPECT
GASTROINTESTINAL
<input type="checkbox"/> Gallbladder/Biliary Scan
<input type="checkbox"/> Gastric Emptying Scan
<input type="checkbox"/> Liver/Spleen Scan
<input type="checkbox"/> Hemangioma Scan
<input type="checkbox"/> G.I. Bleeding Scan
<input type="checkbox"/> Meckel's Scan | ENDOCRINE
<input type="checkbox"/> Thyroid Scan Only
<input type="checkbox"/> Thyroid Uptake & Scan
<input type="checkbox"/> Parathyroid
<input type="radio"/> Hyperthyroidism
<input type="radio"/> Other: _____
RENAL
<input type="checkbox"/> Captopril Renal
<input type="checkbox"/> Lasix Renal
<input type="checkbox"/> Renal Function (Baseline)
MISCELLANEOUS
<input type="checkbox"/> Brain Perfusion SPECT
<input type="checkbox"/> V/Q Lung Scan
<input type="checkbox"/> Salivary Scan |
|---|---|

MAMMOGRAPHY & BONE MINERAL DENSITY

-
- Mammogram
-
- R
-
- L
-
- Implants
-
-
- Ontario Breast Screening Program (OBSP) 50-74 yrs of age
-
-
- Biopsy if Mammogram/OBSP result is positive for malignancy

BONE MINERAL DENSITY

-
- Baseline Study
-
- Follow Up
-
- High Risk
-
- Routine


X-RAY (WALK-INS ACCEPTED)
ABDOMINAL

-
- Single/KUB
-
-
- Acute (includes PA chest)
-
- CHEST**
-
-
- Chest PA & LAT
-
-
- Ribs
-
- OR
-
- OL
-
-
- Sternum
-
-
- Chest Visa

HEAD & NECK

-
- Soft Tissue Neck
-
-
- Skull
-
-
- Sinuses (Not insured by OHIP)
-
-
- Facial Bones
-
-
- Nose
-
-
- Mandible
-
-
- Orbits
-
-
- T.M. Joints
-
-
- Adenoids
-
-
- Mastoids

LOWER EXTREMITIES
R L

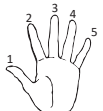
-
- Hip
-
-
- Femur
-
-
- Knee
-
-
- Tib. & Fib.
-
-
- Ankle
-
-
- Foot
-
-
- Heel
-
-
- Toe: 1 2 3 4 5

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:**
- _____

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

Referring Physician: _____ (Print Name) _____ (Signature)

Billing Provider #: _____ CPSO #: _____

Fax #: _____

Date: _____

Copy to: _____

 Report Delivery Preference: Fax HRM Other: _____

<p>ARVA</p> <p>21589 Richmond Street Arva, ON N0M 1C0 Richmond Street, north of the London Masonville Mall</p> <p>T: 519-672-0070 F: 519-850-0144</p> <p>SERVICES: Cardiology, Cardiology Consultation, Prenatal Screening, Ultrasound</p>	<p>BRANTFORD</p> <p>40 Shellington Place, Suite 101 Brantford, ON N3S 0C5 Brantford Medical Centre off Highway 403, Garden Avenue/Cainsville exit</p> <p>T: 519-805-3560 F: 519-805-3561</p> <p>SERVICES: Cardiology, Cardiology Consultation</p>
<p>DELHI</p> <p>105 Main Street Delhi, ON N4B 2L8 Delhi Community Health Centre on Main Street, north of King Street</p> <p>T: 519-428-1243 F: 519-428-2445</p> <p>SERVICES: Ultrasound, Vascular Ultrasound</p>	<p>LONDON FANSHAWE</p> <p>1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 North London Medical Centre on Fanshawe just east of Hyde Park Road</p> <p>T: 519-439-5555 F: 519-266-2206</p> <p>SERVICES: BMD, Mammography, Nuclear Cardiology, Pain Injection/Management, Prenatal Screening, Sonohysterogram, Ultrasound, Vascular Ultrasound, Women's Health, X-ray</p>
<p>LONDON SOUTHDALe</p> <p>510 Southdale Road East, Suite 103 London, ON N6E 0B2 Nixon Medical Centre at the corner of Nixon and Southdale Road</p> <p>T: 226-663-2933 F: 226-663-4561</p> <p>SERVICES: Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>LONDON WHARNCLIFFE (CARDIOLOGY)</p> <p>279 Wharncliffe Road North, Suite 210 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street</p> <p>T: 519-858-7476 F: 519-266-6739</p> <p>SERVICES: Cardiology, Cardiology Consultation</p>
<p>LONDON WHARNCLIFFE (IMAGING)</p> <p>279 Wharncliffe Road North, Suite 111 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street</p> <p>T: 519-661-0275 F: 519-661-0616</p> <p>SERVICES: Biopsy (Thyroid FNA), BMD, Mammography & OBSP, Pain Injection/Management, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>SIMCOE</p> <p>216 West Street, Suite 304 Simcoe, ON N3Y 1S8 West Street Health Centre at the corner of Queen and West Street</p> <p>T: 519-428-1243 F: 519-428-2445</p> <p>SERVICES: BMD, Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Pulmonary Function, Ultrasound, Vascular Ultrasound, X-ray</p>

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