

REQUEST FOR EXAMINATION – GREATER TORONTO AREA

- | | | | | | |
|---|--|--|--|---|---|
| <input checked="" type="checkbox"/> Brampton | <input checked="" type="checkbox"/> East Gwillimbury | <input checked="" type="checkbox"/> Milton | <input checked="" type="checkbox"/> Mississauga | <input checked="" type="checkbox"/> Newmarket | <input checked="" type="checkbox"/> North York |
| <input checked="" type="checkbox"/> Orangeville | <input checked="" type="checkbox"/> Oshawa | <input checked="" type="checkbox"/> Pickering | <input checked="" type="checkbox"/> Scarborough | <input checked="" type="checkbox"/> Thornhill | <input checked="" type="checkbox"/> Toronto Bay |
| <input checked="" type="checkbox"/> Toronto Coxwell | <input checked="" type="checkbox"/> Toronto Davisville | <input checked="" type="checkbox"/> Toronto King | <input checked="" type="checkbox"/> Toronto Sherbourne | <input checked="" type="checkbox"/> Whitby | |

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): _____

Reason for Referral: _____

ULTRASOUND

GENERAL ULTRASOUND

- ☐ Abdomen + Pelvis
(Incl. reproductive organs)
- ☐ Abdomen (Incl. limited bladder
+ lower quadrants, no reproductive organs)
- ☐ Kidneys
- ☐ Bladder
- ☐ Other: _____

PELVIS

- ☐ Female Pelvis (Incl. Transvaginal)
- ☐ Male Pelvis (Excl. Transrectal)
- ☐ Prostate (Incl. Transrectal)

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)
- ☐ Twin Series (> 18 weeks) - **Toronto Bay**
- ☐ 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 – Lymph Node FNA
- ☐ Biopsy – Thyroid FNA
- ☐ Biopsy – Breast FNA - **Toronto Bay**
- ☐ Biopsy – Prostate FNA - **Toronto Coxwell**
- ☐ Sonohysterogram - **Toronto Bay**

VASCULAR

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

CARDIOLOGY

- | | |
|---|--|
| <input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG) | <input type="checkbox"/> Echocardiogram (Colour Doppler) |
| <input type="checkbox"/> Exercise Stress Test (GXT) | <input type="checkbox"/> Chest pain suspicious of CAD |
| <input type="checkbox"/> Stress Echo | <input type="checkbox"/> Congestive heart failure |
| <input type="checkbox"/> Coronary CT Calcium Score (Not insured
by OHIP) - Mississauga PET/CT | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Holter Monitoring | <input type="checkbox"/> Murmur |
| <input type="checkbox"/> 24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> 72 hrs | <input type="checkbox"/> Palpitations/arrhythmias |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Syncope |
| <input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP) | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Contrast Echocardiogram |

CARDIOLOGY CONSULTATION

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

Please Attach: Medications, Previous Tests, Family & Social History

NUCLEAR CARDIOLOGY

- | | | |
|-------------------------------------|---|---|
| MYOCARDIAL PERFUSION | MYOCARDIAL VIABILITY | VENTRICULAR FUNCTION |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Viability Study (Thallium) | <input type="checkbox"/> Resting (MUGA) |
| <input type="checkbox"/> Persantine | | |
| <input type="checkbox"/> Dobutamine | | |

NUCLEAR MEDICINE

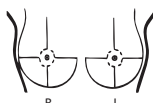
- | | |
|---|--|
| BONE SCAN | ENDOCRINE |
| <input type="checkbox"/> Total Body | <input type="checkbox"/> Thyroid Scan Only |
| <input type="checkbox"/> Specific Site: _____ | <input type="checkbox"/> Thyroid Uptake & Scan |
| <input type="checkbox"/> SPECT | <input type="checkbox"/> Parathyroid |
| GALLIUM | <input type="checkbox"/> Hyperthyroidism |
| <input type="checkbox"/> Total Body | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Specific Site: _____ | |
| <input type="checkbox"/> SPECT | RENAL |
| GASTROINTESTINAL | <input type="checkbox"/> Captopril Renal |
| <input type="checkbox"/> Gallbladder/Biliary Scan | <input type="checkbox"/> Lasix Renal |
| <input type="checkbox"/> Liver/Spleen Scan | <input type="checkbox"/> Renal Function (Baseline) |
| <input type="checkbox"/> Hemangioma | MISCELLANEOUS |
| <input type="checkbox"/> Meckel's Scan | <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-IN SERVICE)

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 #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: _____

All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

BRAMPTON	EAST GWILLIMBURY	MILTON
<p>2 Dewside Drive, Suite 206 Brampton, ON L6R 3Y5 Bramalea Business Centre (Dewside & Bramalea)</p> <p>T: 905-796-4590 F: 289-201-7855 E: brampton@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology</p>	<p>181 Green Lane East, Suite 103 East Gwillimbury, ON L9N 0C9 York Medical Centre at Green Lane just east of Yonge Street, in the plaza near Best Buy</p> <p>T: 905-952-3112 F: 289-319-0415 E: eastgwillimbury@myhealthcentre.ca</p> <p>SERVICES: Exercise Stress Test, Holter Monitoring, Nuclear Cardiology</p>	<p>480 Bronte Street South Suite 212 (Radiology) & Suite 218 (Cardiology) Milton, ON L9T 9A9 Milton Professional Centre north of Derry Road</p> <p>T: 905-878-8831 F: 905-878-6575</p> <p>SERVICES: Blood Pressure Monitoring, BMD, Cardiology Consultation, Echocardiogram, ECG, Exercise Stress Test, Holter Monitoring, Mammography & OBSP, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Ultrasound, Vascular US, X-ray</p>
MISSISSAUGA	MISSISSAUGA PET/CT	NEWMARKET
<p>2300 Eglinton Avenue West Suite G01 (Cardiology) & Suite G02 (Radiology) Mississauga, ON L5M 2V8 Beside Credit Valley Hospital in basement level</p> <p>T: 905-828-0653 F: 905-828-0765</p> <p>SERVICES: Biopsy (Thyroid), Blood Pressure Monitoring, BMD, Cardiology Consultation, Dietitian Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Mammography & OBSP, Nuclear Cardiology, Prenatal Screening, Stress Echocardiogram, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>6870 Goreway Drive, Suite 101 Mississauga, ON L4V 1P1 Malton Medical Centre near Pearson Airport</p> <p>T: 416-572-1725 F: 1-888-761-9156 E: mississauga_petct@myhealthcentre.ca</p> <p>SERVICES: Cancer Screening, Coronary CT Calcium Score</p> <p>Visit MyHealthCentre.ca for PET/CT requisition.</p>	<p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre</p> <p>T: 905-836-2626 F: 905-836-5043 E: newmarket@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Holter Monitoring, Mammography & OBSP, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray</p>
NORTH YORK	ORANGEVILLE	OSHAWA
<p>4949 Bathurst Street, Suite 100 Toronto, ON M2R 1Y1 Northview Centre at Bathurst and Finch</p> <p>T: 416-223-5460 F: 416-223-8335 E: northyork@myhealthcentre.ca</p> <p>SERVICES: BMD, Mammography & OBSP, Prenatal Screening, Ultrasound, X-ray</p>	<p>229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station</p> <p>T: 519-943-0022 F: 519-943-0045 E: orangeville@myhealthcentre.ca</p> <p>SERVICES: Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Nuclear Medicine, Stress Echocardiogram</p>	<p>300 King Street West, Suite 201 Oshawa, ON L1J 2K1 Oshawa Medical Arts Building west of Park Road</p> <p>T: 905-723-3110 F: 905-723-9045 E: oshawa@myhealthcentre.ca</p> <p>SERVICES: BMD, Nuclear Cardiology, Nuclear Medicine</p>
PICKERING	SCARBOROUGH	THORNHILL
<p>1105 Kingston Road, Suite D202 Pickering, ON L1V 1B5 East of Dixie Road above Shoppers Drug Mart</p> <p>T: 905-420-3068 F: 905-420-6057 E: pickering@myhealthcentre.ca</p> <p>SERVICES: BMD, Mammography & OBSP, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, beside Dollarama</p> <p>T: 416-690-9437 F: 416-690-9441 E: scarborough_birchmount@myhealthcentre.ca</p> <p>SERVICES: BMD, Cardiology, Cardiology Consultation, Nuclear Cardiology, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>7241 Bathurst Street, Unit 12 Thornhill, ON L4J 3W1 North of Steeles in Chabad Gate Plaza, near Circle K</p> <p>T: 905-889-2400 F: 905-889-2455 E: thornhill@myhealthcentre.ca</p> <p>SERVICES: BMD, Prenatal Screening, Ultrasound, X-ray</p>
TORONTO BAY	TORONTO COXWELL	TORONTO DAVISVILLE
<p>790 Bay Street, Suite 716 Toronto, ON M5G 1N8 Southwest corner of Bay and College beside CIBC</p> <p>T: 416-260-9382 F: 416-260-2274 E: toronto_bay@myhealthcentre.ca</p> <p>SERVICES: Biopsy (Breast, Lymph Node & Thyroid), Gynecology Consultation, Prenatal Screening, Sonohysterogram, Twin Series, Ultrasound, X-ray</p>	<p>840 Coxwell Avenue, Suite 215 Toronto, ON M4C 5T2 Across from Toronto East General Hospital</p> <p>T: 416-461-2599 F: 416-461-2099 E: toronto_coxwell@myhealthcentre.ca</p> <p>SERVICES: Biopsy (Prostate & Thyroid), BMD, Prenatal Screening, Ultrasound</p>	<p>1849 Yonge Street, Suite 218 Toronto, ON M4S 1Y2 Medical & Dental Centre south of Davisville</p> <p>T: 416-928-3467 F: 416-928-3502 E: toronto_davisville@myhealthcentre.ca</p> <p>SERVICES: Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Stress Echo</p>
TORONTO KING	TORONTO SHERBOURNE	WHITBY
<p>11 King Street West, Suite C-100 Toronto, ON M5H 4C7 Yonge and King in the underground PATH</p> <p>T: 416-864-1814 F: 416-864-1499 E: toronto_king@myhealthcentre.ca</p> <p>SERVICES: Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>600 Sherbourne Street, Suite 309 Toronto, ON M4X 1W4 Rosedale Medical Centre south of Bloor</p> <p>T: 416-926-1593 F: 416-926-8768 E: toronto_sherbourne@myhealthcentre.ca</p> <p>SERVICES: Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Stress Echocardiogram</p>	<p>220 Dundas Street West, Suite 104 Whitby, ON L1N 8M7 Dundas Centre Medical across from Pizza Nova</p> <p>T: 905-430-3277 F: 905-430-3278 E: whitby@myhealthcentre.ca</p> <p>SERVICES: BMD, Nuclear Cardiology, Nuclear Medicine</p>



Visit MyHealthCentre.ca

- ✓ Clinic hours & services
- ✓ Chat live & book appointment online
- ✓ Test preparation in 20+ languages
- ✓ PET/CT and other specialty requisitions
- ✓ Screening precautions & infection prevention control
- ✓ Download our mobile app
- ✓ Access your radiology images and reports
- ✓ Satisfaction Survey