

- 
- Brantford
- 
- 
- London Southdale

- 
- Delhi
- 
- 
- London Wharnclyffe

- 
- London Arva
- 
- 
- Sarnia

- 
- London Fanshawe
- 
- 
- Simcoe

**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: \_\_\_\_\_

**CARDIOLOGY CONSULTATION**

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

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

**CARDIOLOGY**

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

**NUCLEAR CARDIOLOGY**

- |   |  |   |
|---|--|---|
| <b>MYOCARDIAL PERFUSION</b><br><input type="checkbox"/> Exercise <input type="checkbox"/> Persantine<br><input type="checkbox"/> Dobutamine | <b>MYOCARDIAL VIABILITY</b><br><input type="checkbox"/> Thallium Viability Study | <b>VENTRICULAR FUNCTION</b><br><input type="checkbox"/> Rest MUGA - <b>Simcoe</b> |
|---|--|---|

**NUCLEAR MEDICINE (SIMCOE)**

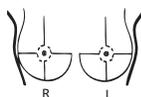
- |   |   |
|---|---|
| <b>BONE SCAN</b><br><input type="checkbox"/> Total Body<br><input type="checkbox"/> Specific Site: _____<br><input type="checkbox"/> SPECT<br><b>GALLIUM</b><br><input type="checkbox"/> Total Body<br><input type="checkbox"/> Specific Site: _____<br><input type="checkbox"/> SPECT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

**BONE MINERAL DENSITY**

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


**ULTRASOUND**
**GENERAL ULTRASOUND**

- 
- Abdomen + Pelvis (Incl. reproductive organs)
- 
- 
- Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)
- 
- 
- Kidneys\*
- 
- 
- Bladder
- 
- 
- Other: \_\_\_\_\_
- 
- \*Baseline abdominal ultrasound may be performed

**MUSCULOSKELETAL**

- R L**
- 
- 
- 
- Shoulder & Rotator Cuff
- 
- 
- 
- Elbow
- 
- 
- 
- Wrist
- 
- 
- 
- Hamstring
- 
- 
- 
- Knee
- 
- 
- 
- Popliteal Fossa
- 
- 
- 
- Ankle
- 
- 
- 
- Achilles Tendon
- 
- 
- 
- Plantar Fascia
- 
- 
- 
- Other: \_\_\_\_\_

**SMALL PARTS**

- 
- Face
- 
- 
- Thyroid and Neck
- 
- 
- Neck
- 
- 
- Female Breast\*\*
- 
- R
- 
- L
- 
- 
- Male Breast - Bilateral\*\*
- 
- 
- Chest
- 
- 
- Groin/Inguinal
- 
- R
- 
- L
- 
- 
- Testes/Scrotum
- 
- 
- Soft Tissue/Lump

\*\*This is not an approved cancer screening tool (CCO). Mammogram/OBSP is recommended.

**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)
- 
- 
- Follicular Studies

**NEONATAL**

- 
- Hip (6 weeks-6 months)
- 
- 
- Pyloric Stenosis (Birth-6 months)
- 
- 
- Spine (Birth-4 months)

**US GUIDED PROCEDURES**

- 
- Biopsy - Thyroid FNA -
- London Wharnclyffe**

**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:** \_\_\_\_\_

**X-RAY (WALK-IN SERVICE)**
**ABDOMINAL**

- 
- Single/KUB
- 
- 
- Acute (Incl. 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

**LOWER EXTREMITIES**

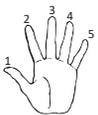
- R L**
- 
- 
- 
- Hip
- 
- 
- 
- Femur
- 
- 
- 
- Arthritic Knee (Incl. contra-lateral)
- 
- 
- 
- Knee
- 
- 
- 
- Tib. & Fib.
- 
- 
- 
- Ankle
- 
- 
- 
- Foot
- 
- 
- 
- Calcaneus
- 
- 
- 
- Toe: 1 2 3 4 5

**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.  
 Please contact us within 24 hours if you need to reschedule or cancel your appointment.  
 For the latest clinic information, or to chat live and book your appointment online, please visit **MyHealthCentre.ca**.

BRANTFORD	DELHI	LONDON ARVA
<p>40 Shellington Place, Suite 101                      Brantford, ON N3S 0C5                      Brantford Medical Centre off Highway 403, Garden Avenue/Cainsville exit</p> <p><b>T: 519-805-3560   F: 519-805-3561</b>  <b>E: <a href="mailto:brantford@myhealthcentre.ca">brantford@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring</p>	<p>105 Main Street                      Delhi, ON N4B 2L8                      Delhi Community Health Centre on Main Street, north of King Street</p> <p><b>T: 519-428-1243   F: 519-428-2445</b>  <b>E: <a href="mailto:delhi@myhealthcentre.ca">delhi@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Prenatal Screening, Ultrasound, Vascular Ultrasound</p>	<p>21589 Richmond Street                      Arva, ON NOM 1C0                      Richmond Street, north of the London Masonville Mall</p> <p><b>T: 519-672-0070   F: 519-850-0144</b>  <b>E: <a href="mailto:london_arva@myhealthcentre.ca">london_arva@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Prenatal Screening, Ultrasound</p>
LONDON FANSHAWE	LONDON SOUTHDALE	LONDON WHARNCLIFFE (CARDIOLOGY)
<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><b>T: 519-439-5555   F: 519-266-2206</b>  <b>E: <a href="mailto:london_fanshawe@myhealthcentre.ca">london_fanshawe@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography, Nuclear Cardiology, Pain Injection, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</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><b>T: 226-663-2933   F: 226-663-4561</b>  <b>E: <a href="mailto:london_southdale@myhealthcentre.ca">london_southdale@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>279 Wharncliffe Road North, Suite 210                      London, ON N6H 2C2                      Wharncliffe Health Centre, north of Oxford Street</p> <p><b>T: 519-858-7476   F: 519-266-6739</b>  <b>E: <a href="mailto:london_wharncliffe_cardiology@myhealthcentre.ca">london_wharncliffe_cardiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Blood Pressure Monitoring, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring</p>
LONDON WHARNCLIFFE (IMAGING)	SARNIA	SIMCOE
<p>279 Wharncliffe Road North, Suite 111                      London, ON N6H 2C2                      Wharncliffe Health Centre, north of Oxford Street</p> <p><b>T: 519-661-0275   F: 519-661-0616</b>  <b>E: <a href="mailto:london_wharncliffe_radiology@myhealthcentre.ca">london_wharncliffe_radiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Biopsy (Thyroid), Bone Mineral Density, Mammography &amp; OBSP, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>481 London Road                      Sarnia, ON N7T 4X3                      Beside Bluewater Health at Norman and London</p> <p><b>T: 519-336-8110   F: 519-336-3241</b>  <b>E: <a href="mailto:sarnia_london@myhealthcentre.ca">sarnia_london@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Nuclear Cardiology, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</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><b>T: 519-428-1243   F: 519-428-2445</b>  <b>E: <a href="mailto:simcoe@myhealthcentre.ca">simcoe@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Blood Pressure Monitoring, Bone Mineral Density, Cardiology Consultation, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Pulmonary Function Test, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>



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