

REQUEST FOR EXAMINATION – GREATER TORONTO AREA

- | | | | | | |
|------------------------------------------|--------------------------------------------|---------------------------------------------|---------------------------------------|-----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brampton Centre | <input type="checkbox"/> Brampton Chrysler | <input type="checkbox"/> Brampton Dewside | <input type="checkbox"/> Milton | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Newmarket |
| <input type="checkbox"/> North York | <input type="checkbox"/> Orangeville | <input type="checkbox"/> Oshawa | <input type="checkbox"/> Pickering | <input type="checkbox"/> Scarborough | <input type="checkbox"/> Thornhill |
| <input type="checkbox"/> Toronto Bay | <input type="checkbox"/> Toronto Coxwell | <input type="checkbox"/> Toronto Davisville | <input type="checkbox"/> Toronto King | <input type="checkbox"/> Whitby Dundas Centre | <input type="checkbox"/> Whitby Mall |

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: _____

*Baseline abdominal ultrasound may be performed

PELVIS

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

OBSTETRICAL

EDC (Required): _____

- ☐ Dating (< 16 weeks)
- ☐ Prenatal Screening (IPS/eFTS 11-14 weeks)
- ☐ Anatomy (18-20 weeks)
- ☐ Dual Scan Series (NT scan 11-14 weeks
+ Anatomical 18-20 weeks)
- ☐ Fetal Growth (30+ weeks)
- ☐ BPP ☐ UA Doppler ☐ MCA Doppler
- ☐ Biophysical Profile (BPP)
- ☐ Twin Series (> 18 weeks) - **Toronto Bay**
- ☐ Folicular Study

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.

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

NUCLEAR CARDIOLOGY

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

NUCLEAR MEDICINE

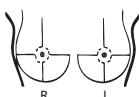
- | | |
|--------------------------------------------------------------------|----------------------------------------------------|
| BONE SCAN | ENDOCRINE |
| <input type="checkbox"/> Total Body <input type="checkbox"/> SPECT | <input type="checkbox"/> Thyroid Scan Only |
| <input type="checkbox"/>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



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

LOWER EXTREMITIES

- R L**
- ☐ Hip
- ☐ Femur
- ☐ 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.

BRAMPTON CENTRE 31 Centre Street South Brampton, ON L6W 2X7 South of Peel Memorial Centre T: 905-455-3010 F: 905-455-3011 E: brampton_centre@myhealthcentre.ca SERVICES: Cardiology, Cardiology Consultation, Pulmonary Function Test, Vascular Ultrasound	BRAMPTON CHRYSLER 470 Chrysler Drive, Unit 28 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler) T: 905-791-3458 F: 905-791-3460 E: brampton_chrysler@myhealthcentre.ca SERVICES: Nuclear Cardiology, Nuclear Medicine	BRAMPTON DEWSIDE 2 Dewside Drive, Suite 206 Brampton, ON L6R 3Y5 Bramalea Business Centre (Dewside & Bramalea) T: 905-796-4590 F: 289-201-7855 E: brampton_dewside@myhealthcentre.ca SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology
BRAMPTON SLEEP DISORDERS 480 Chrysler Drive, Unit 34 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler) T: 905-790-8800 F: 905-790-6008 E: brampton_sleep@myhealthcentre.ca SERVICES: Sleep Studies Visit MyHealthCentre.ca for Sleep requisition.	MILTON 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: Bone Mineral Density, Cardiology, Cardiology Consultation, Mammography & OBSP, Nuclear Cardiology, Nuclear Medicine, Ultrasound, Vascular Ultrasound, X-ray	MISSISSAUGA 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: Biopsy (Thyroid), Bone Mineral Density, Cardiology, Cardiology Consultation, Mammography & OBSP, Nuclear Cardiology, Ultrasound, Vascular Ultrasound, X-ray
MISSISSAUGA PET/CT 2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Beside Credit Valley Hospital in basement level T: 416-572-1725 F: 1-888-761-9156 E: mississauga_petct@myhealthcentre.ca SERVICES: Cancer Screening Visit MyHealthCentre.ca for PET/CT requisition.	NEWMARKET 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 E: newmarket@myhealthcentre.ca SERVICES: Bone Mineral Density, Cardiology, Cardiology Consultation, Mammography & OBSP, Nuclear Cardiology, Ultrasound, Vascular Ultrasound, X-ray	NORTH YORK 4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 Northview Centre at Bathurst and Finch T: 416-223-5460 F: 416-223-8335 E: northyork@myhealthcentre.ca SERVICES: Biopsy (Breast), Bone Mineral Density, Mammography & OBSP, Ultrasound, X-ray
ORANGEVILLE 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 E: orangeville@myhealthcentre.ca SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine	OSHAWA 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 E: oshawa@myhealthcentre.ca SERVICES: Bone Mineral Density, Nuclear Cardiology, Nuclear Medicine	PICKERING 1105 Kingston Road, Suite D202 Pickering, ON L1V 1B5 East of Dixie Road above Shoppers Drug Mart T: 905-420-3068 F: 905-420-6057 E: pickering@myhealthcentre.ca SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray
SCARBOROUGH 462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, beside Dollarama T: 416-690-9437 F: 416-690-9441 E: scarborough_birchmount@myhealthcentre.ca SERVICES: Bone Mineral Density, Cardiology, Cardiology Consultation, Nuclear Cardiology, Ultrasound, X-ray	THORNHILL 7241 Bathurst Street, Unit 12 Thornhill, ON L4J 3W1 North of Steeles in Chabad Gate Plaza, near Circle K T: 905-889-2400 F: 905-889-2455 E: thornhill@myhealthcentre.ca SERVICES: Bone Mineral Density, Ultrasound, X-ray	TORONTO BAY 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 E: toronto_bay@myhealthcentre.ca SERVICES: Biopsy (Lymph Node & Thyroid), Gynecology Consultation, Sonohysterogram, Twin Series, Ultrasound, X-ray
TORONTO COXWELL 840 Coxwell Avenue, Suite 215 Toronto, ON M4C 5T2 Across from Toronto East General Hospital T: 416-461-2599 F: 416-461-2099 E: toronto_coxwell@myhealthcentre.ca SERVICES: Biopsy (Thyroid & Prostate), Bone Mineral Density, Ultrasound	TORONTO DAVISVILLE 1849 Yonge Street, Suite 218 Toronto, ON M4S 1Y2 Medical & Dental Centre south of Davisville T: 416-928-3467 F: 416-928-3502 E: toronto_davisville@myhealthcentre.ca SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology	TORONTO KING 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 E: toronto_king@myhealthcentre.ca SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine, Ultrasound, Vascular Ultrasound, X-ray
WHITBY DUNDAS CENTRE 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 E: whitby@myhealthcentre.ca SERVICES: Bone Mineral Density, Nuclear Cardiology, Nuclear Medicine	WHITBY MALL 1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 Whitby Mall at Dundas and Thicksen T: 905-430-3277 F: 905-430-3278 E: whitby@myhealthcentre.ca SERVICES: Bone Mineral Density, Nuclear Cardiology, Nuclear Medicine	



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