

REQUEST FOR EXAMINATION – GTA GENERAL SERVICES

- | | | | | | |
|--|--|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brampton Centre | <input type="checkbox"/> Brampton Chrysler | <input type="checkbox"/> Brampton Dewside | <input type="checkbox"/> Brampton Sleep Disorders | <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 Davisville | <input type="checkbox"/> Toronto King | <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
- Hernia (specify site): _____
- Other: _____

*Baseline abdominal ultrasound may be performed

PELVIS

- Female Pelvis (Incl. Transvaginal)
- Male Pelvis (Excl. 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**
 - Follicular Study

SMALL PARTS

- Salivary Glands
- Thyroid
- Chest
- Groin R L
- Inguinal Canal R L
- Testes/Scrotum
- Soft Tissue/Lump (specify site): _____

MUSCULOSKELETAL

- R L**
- Shoulder
 - Elbow
 - Wrist
 - Hip
 - Hamstring
 - Knee
 - Ankle/Achilles Tendon/Plantar Fascia (circle one above)
 - Other: _____

US GUIDED PROCEDURES

- Biopsy – Thyroid FNA
- Biopsy – Breast - **North York**
- Biopsy – Prostate
- 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: _____

SPECIALIST CONSULTATIONS

- First Available: Cardiologist Internist Sleep Medicine
- Dr. _____ Consult if Test Result is Positive/Abnormal
- Please Attach:** Medications, Previous Tests, Family & Social History

CARDIOLOGY

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG) <input type="checkbox"/> Exercise Stress Test (GXT) <input type="checkbox"/> Holter Monitoring <ul style="list-style-type: none"> <input type="radio"/> 24 hrs <input type="radio"/> 48 hrs <input type="radio"/> 72 hrs <input type="radio"/> Other: _____ <input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP) <input type="checkbox"/> Pulmonary Function Testing (PFT) <ul style="list-style-type: none"> <input type="radio"/> Pre & Post Spirometry <input type="radio"/> Full Pulmonary Function Test <input type="radio"/> Include Respirology Consult | <ul style="list-style-type: none"> <input type="checkbox"/> Stress Echocardiogram <input type="checkbox"/> Echocardiogram (Colour Doppler) <input type="checkbox"/> Contrast Echocardiogram <ul style="list-style-type: none"> <input type="radio"/> Chest pain suspicious of CAD <input type="radio"/> CHF <input type="radio"/> Syncope <input type="radio"/> Hypertension <input type="radio"/> Palpitations/arrhythmias <input type="radio"/> Murmur <input type="radio"/> Other: _____ |
|---|---|
- SLEEP DISORDERS**
- Consultation & Sleep Study
 - Consultation Only Sleep Study Only

NUCLEAR CARDIOLOGY

- | | | |
|---|--|---|
| <p>MYOCARDIAL PERFUSION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine | <p>MYOCARDIAL VIABILITY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thallium Viability Study | <p>VENTRICULAR FUNCTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rest MUGA |
|---|--|---|

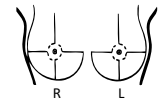
X-RAY (WALK-IN SERVICE)

- | | | |
|---|--|---|
| <p>ABDOMINAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single/KUB <input type="checkbox"/> Acute (Incl. PA chest) <p>CHEST</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest PA & LAT <input type="checkbox"/> Ribs <input type="radio"/> R <input type="radio"/> L <input type="checkbox"/> Sternum <input type="checkbox"/> Chest Visa <p>HEAD & NECK</p> <ul style="list-style-type: none"> <input type="checkbox"/> Soft Tissue Neck <input type="checkbox"/> Skull <input type="checkbox"/> Sinuses (Not insured by OHIP) <input type="checkbox"/> Facial Bones <input type="checkbox"/> Nose <input type="checkbox"/> Mandible <input type="checkbox"/> Orbits <input type="checkbox"/> T.M. Joints <input type="checkbox"/> Adenoids | <p>LOWER EXTREMITIES</p> <p>R L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hip <input type="checkbox"/> Femur <input type="checkbox"/> Knee <input type="checkbox"/> Tib. & Fib. <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Calcaneus <input type="checkbox"/> Toe: 1 2 3 4 5 <p>SPINE & PELVIS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar (L/S) Spine <input type="checkbox"/> Sacrum/Coccyx <input type="checkbox"/> S.I. Joints <input type="checkbox"/> Pelvis <input type="checkbox"/> Scoliosis Series | <p>UPPER EXTREMITIES</p> <p>R L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shoulder <input type="checkbox"/> Clavicle <input type="checkbox"/> Sternoclavicular Joints <input type="checkbox"/> A.C. Joint <input type="checkbox"/> Scapula <input type="checkbox"/> Humerus <input type="checkbox"/> Elbow <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Scaphoid <input type="checkbox"/> Hand <input type="checkbox"/> Finger: 1 2 3 4 5 <p>OTHER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skeletal Survey <input type="checkbox"/> Bone Age <input type="checkbox"/> Indicate: _____ |
|---|--|---|



BREAST ULTRASOUND & MAMMOGRAPHY

- Targeted Breast Ultrasound* R L (indicate quadrant on diagram)
- Mammogram R L Implants
- Ontario Breast Screening Program (OBSP) 50-74 yrs of age
- Biopsy if mammogram/OBSP is positive for malignancy - **North York**



*Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended.

NUCLEAR MEDICINE

- | | |
|--|---|
| <p>BONE SCAN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Body <input type="checkbox"/> Specific Site: _____ <p>GASTROINTESTINAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gallbladder/Biliary Scan <input type="checkbox"/> Solid Gastric Emptying Scan <p>ENDOCRINE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Parathyroid | <p>RENAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Renal Scan with Differential Function <input type="checkbox"/> Lasix Renal <input type="checkbox"/> Captopril Renal <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> V/Q Lung Scan |
|--|---|

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSP #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: Fax HRM Other: _____

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BRAMPTON CENTRE 31 Centre Street South Brampton, ON L6W 2X7 South of Peel Memorial Centre T: 905-455-3010 F: 1-800-352-2050 E: brampton_centre@myhealthcentre.ca SERVICES: Cardiology, Cardiology & Internal Medicine Consultations, Pulmonary Function Test, Respirology Consultation, 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 Consultations, Sleep Studies Visit MyHealthCentre.ca for Sleep requisition.	MILTON (CARDIOLOGY) 480 Bronte Street South, Suite 218 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road T: 905-878-8831 F: 1-800-249-6284 E: milton_cardiology@myhealthcentre.ca SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine	MILTON (RADIOLOGY) 480 Bronte Street South, Suite 212 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road T: 905-878-8831 F: 1-800-249-6284 E: milton_radiology@myhealthcentre.ca SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray
MISSISSAUGA (CARDIOLOGY) 2300 Eglinton Avenue West, Suite G01 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital T: 905-828-0653 F: 905-828-0765 E: mississauga_cardiology@myhealthcentre.ca SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology	MISSISSAUGA (RADIOLOGY) 2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital T: 905-828-0653 F: 905-828-0765 E: mississauga_radiology@myhealthcentre.ca SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray, Biopsy (Thyroid), Immigration Services	MISSISSAUGA PET/CT 2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital T: 416-572-1725 F: 1-800-416-9840 E: mississauga_petct@myhealthcentre.ca SERVICES: Cancer Screening Visit MyHealthCentre.ca for PET/CT requisition.
NEWMARKET (CARDIOLOGY) 17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre T: 905-952-3112 F: 289-319-0415 E: newmarket_cardiology@myhealthcentre.ca SERVICES: Cardiology, Cardiology & Internal Medicine Consultations, Nuclear Cardiology, Pulmonary Function Test, Respirology Consultation	NEWMARKET (RADIOLOGY) 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_radiology@myhealthcentre.ca SERVICES: Bone Mineral Density, Mammography & OBSP, 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: Bone Mineral Density, Mammography & OBSP, Ultrasound, X-ray, Biopsy (Breast), Immigration Services
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 Professional 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, Building D, Suite 202 Pickering, ON L1V 1B5 Brookdale Centre, behind Shoppers Drug Mart, 2 nd Floor 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, near Dollarama and Pharmasave 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, Immigration Services	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: Sonohysterogram, Twin Series, Ultrasound, X-ray, Biopsy (Thyroid), Immigration Services
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 MALL 1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 Whitby Mall at Dundas and Thickson T: 905-430-3277 F: 905-240-7700 E: whitby@myhealthcentre.ca SERVICES: Nuclear Cardiology, Nuclear Medicine



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