

We're the same team with a new name, providing the highest standard of accredited patient care!

**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 Therapy | <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**

Full Name (Birth): \_\_\_\_\_  
 Preferred Full Name (If Different from Birth): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Version: \_\_\_\_\_  
 Gender (Birth): \_\_\_\_\_ Preferred Gender (If Different from Birth): \_\_\_\_\_  
 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

**SALIVARY GLANDS**

- 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**

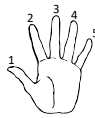
- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG)</li> <li><input type="checkbox"/> Exercise Stress Test (GXT)</li> <li><input type="checkbox"/> Holter Monitoring                             <ul style="list-style-type: none">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

**NUCLEAR CARDIOLOGY**

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

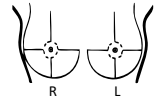
**X-RAY (WALK-IN SERVICE)**

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



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

**REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)**

Referring Provider: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)  
 Billing Provider #: \_\_\_\_\_ CPSO #: \_\_\_\_\_  
 Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Date: \_\_\_\_\_ Copy To: \_\_\_\_\_  
 Report Delivery Preference:  Fax  HRM  Other: \_\_\_\_\_  
 Access your patient radiology reports at [MyHealthCentre.ca/Access](http://MyHealthCentre.ca/Access)

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<p><b>BRAMPTON CENTRE</b></p> <p>31 Centre Street South Brampton, ON L6W 2X7 South of Peel Memorial Centre</p> <p><b>T: 905-455-3010   F: 1-800-352-2050</b> <b>E: <a href="mailto:brampton_centre@myhealthcentre.ca">brampton_centre@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Pulmonary Function Test, Respiriology Consultation, Vascular Ultrasound</p>	<p><b>BRAMPTON CHRYSLER</b></p> <p>470 Chrysler Drive, Unit 28 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams &amp; Chrysler)</p> <p><b>T: 905-791-3458   F: 905-791-3460</b> <b>E: <a href="mailto:brampton_chrysler@myhealthcentre.ca">brampton_chrysler@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Nuclear Cardiology, Nuclear Medicine</p>	<p><b>BRAMPTON DEWSIDE</b></p> <p>2 Dewside Drive, Suite 206 Brampton, ON L6R 3Y5 Bramalea Business Centre (Dewside &amp; Bramalea)</p> <p><b>T: 905-796-4590   F: 289-201-7855</b> <b>E: <a href="mailto:brampton_dewside@myhealthcentre.ca">brampton_dewside@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology</p>
<p><b>BRAMPTON SLEEP THERAPY</b></p> <p>480 Chrysler Drive, Unit 34 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams &amp; Chrysler)</p> <p><b>T: 905-790-8800   F: 905-790-6008</b> <b>E: <a href="mailto:brampton_sleep@myhealthcentre.ca">brampton_sleep@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Sleep Consultations, Sleep Studies <b>Visit <a href="http://MyHealthCentre.ca">MyHealthCentre.ca</a> for Sleep requisition.</b></p>	<p><b>MILTON (CARDIOLOGY)</b></p> <p>480 Bronte Street South, Suite 218 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road</p> <p><b>T: 905-878-8831   F: 1-800-249-6284</b> <b>E: <a href="mailto:milton_cardiology@myhealthcentre.ca">milton_cardiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology</p>	<p><b>MILTON (RADIOLOGY)</b></p> <p>480 Bronte Street South, Suite 212 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road</p> <p><b>T: 905-878-8831   F: 1-800-249-6284</b> <b>E: <a href="mailto:milton_radiology@myhealthcentre.ca">milton_radiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, Vascular Ultrasound, X-ray</p>
<p><b>MISSISSAUGA (CARDIOLOGY)</b></p> <p>2300 Eglinton Avenue West, Suite G01 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p><b>T: 905-828-0653   F: 905-828-0765</b> <b>E: <a href="mailto:mississauga_cardiology@myhealthcentre.ca">mississauga_cardiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology</p>	<p><b>MISSISSAUGA (RADIOLOGY)</b></p> <p>2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p><b>T: 905-828-0653   F: 905-828-0765</b> <b>E: <a href="mailto:mississauga_radiology@myhealthcentre.ca">mississauga_radiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, Vascular Ultrasound, X-ray, Biopsy (Thyroid), Immigration Services</p>	<p><b>MISSISSAUGA PET/CT</b></p> <p>2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p><b>T: 416-572-1725   F: 1-800-416-9840</b> <b>E: <a href="mailto:mississauga_petct@myhealthcentre.ca">mississauga_petct@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cancer Screening <b>Visit <a href="http://MyHealthCentre.ca">MyHealthCentre.ca</a> for PET/CT requisition.</b></p>
<p><b>NEWMARKET (CARDIOLOGY)</b></p> <p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre</p> <p><b>T: 905-952-3112   F: 289-319-0415</b> <b>E: <a href="mailto:newmarket_cardiology@myhealthcentre.ca">newmarket_cardiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology, Pulmonary Function Test, Respiriology Consultation</p>	<p><b>NEWMARKET (RADIOLOGY)</b></p> <p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre</p> <p><b>T: 905-836-2626   F: 905-836-5043</b> <b>E: <a href="mailto:newmarket_radiology@myhealthcentre.ca">newmarket_radiology@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, Vascular Ultrasound, X-ray</p>	<p><b>NORTH YORK</b></p> <p>4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 Northview Centre at Bathurst and Finch</p> <p><b>T: 416-223-5460   F: 416-223-8335</b> <b>E: <a href="mailto:northyork@myhealthcentre.ca">northyork@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, X-ray, Biopsy (Breast), Immigration Services</p>
<p><b>ORANGEVILLE</b></p> <p>229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station</p> <p><b>T: 519-943-0022   F: 519-943-0045</b> <b>E: <a href="mailto:orangeville@myhealthcentre.ca">orangeville@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine</p>	<p><b>OSHAWA</b></p> <p>300 King Street West, Suite 201 Oshawa, ON L1J 2K1 Oshawa Professional Building west of Park Road</p> <p><b>T: 905-723-3110   F: 905-723-9045</b> <b>E: <a href="mailto:oshawa@myhealthcentre.ca">oshawa@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Nuclear Cardiology, Nuclear Medicine</p>	<p><b>PICKERING</b></p> <p>1105 Kingston Road, Building D, Suite 202 Pickering, ON L1V 1B5 Brookdale Centre, behind Shoppers Drug Mart, 2nd Floor</p> <p><b>T: 905-420-3068   F: 905-420-6057</b> <b>E: <a href="mailto:pickering@myhealthcentre.ca">pickering@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, Vascular Ultrasound, X-ray</p>
<p><b>SCARBOROUGH</b></p> <p>462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, near Dollarama and Pharmasave</p> <p><b>T: 416-690-9437   F: 416-690-9441</b> <b>E: <a href="mailto:scarborough_birchmount@myhealthcentre.ca">scarborough_birchmount@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Cardiology, Cardiology Consultation, Nuclear Cardiology, Ultrasound, X-ray</p>	<p><b>THORNHILL</b></p> <p>7241 Bathurst Street, Unit 12 Thornhill, ON L4J 3W1 North of Steeles in Chabad Gate Plaza, near Circle K</p> <p><b>T: 905-889-2400   F: 905-889-2455</b> <b>E: <a href="mailto:thornhill@myhealthcentre.ca">thornhill@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Ultrasound, X-ray, Immigration Services</p>	<p><b>TORONTO BAY</b></p> <p>790 Bay Street, Suite 716 Toronto, ON M5G 1N8 Southwest corner of Bay and College beside CIBC</p> <p><b>T: 416-260-9382   F: 416-260-2274</b> <b>E: <a href="mailto:toronto_bay@myhealthcentre.ca">toronto_bay@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Sonohysterogram, Twin Series, Ultrasound, X-ray, Biopsy (Thyroid), Immigration Services</p>
<p><b>TORONTO DAVISVILLE</b></p> <p>1849 Yonge Street, Suite 207 &amp; 218 Toronto, ON M4S 1Y2 Medical &amp; Dental Centre south of Davisville</p> <p><b>T: 416-928-3467   F: 416-928-3502</b> <b>E: <a href="mailto:toronto_davisville@myhealthcentre.ca">toronto_davisville@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology</p>	<p><b>TORONTO KING</b></p> <p>11 King Street West, Suite C-100 Toronto, ON M5H 4C7 Enter underground PATH at RSM Place &amp; take elevator to level C.</p> <p><b>T: 416-864-1814   F: 416-864-1499</b> <b>E: <a href="mailto:toronto_king@myhealthcentre.ca">toronto_king@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine, Ultrasound, Vascular Ultrasound, X-ray</p>	<p><b>WHITBY MALL</b></p> <p>1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 Whitby Mall at Dundas and Thickson</p> <p><b>T: 905-430-3277   F: 905-240-7700</b> <b>E: <a href="mailto:whitby@myhealthcentre.ca">whitby@myhealthcentre.ca</a></b></p> <p><b>SERVICES:</b> Nuclear Cardiology, Nuclear Medicine</p>



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