

**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 Cardiology Referral:  
 Chest pain     Palpitations/Arrhythmias  
 CHF             Risk Stratification for CAD  
 Hypertension    Shortness of Breath  
 Murmur          Syncope  
 Other: \_\_\_\_\_

Reason for Imaging Referral:

**CARDIOLOGY CONSULTATION**

Cardiology Consultation

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

**NUCLEAR CARDIOLOGY**

**MYOCARDIAL PERFUSION**

Exercise    Persantine    Dobutamine  
 Cardiology Consultation if Test Result is Positive/Abnormal

**CARDIOLOGY INVESTIGATIONS**

12-Lead Electrocardiogram (Rest ECG)  
 Exercise Stress Test (GXT)  
 Holter Monitoring    24 hrs    48 hrs    72 hrs    Other: \_\_\_\_\_  
 Echocardiogram (Colour Doppler)  
 Contrast Echocardiogram  
 24hr BP Monitor (Not insured by OHIP)

Cardiology Consultation if Test Result is Positive/Abnormal

**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)

**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  
 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



**OTHER**

Skeletal Survey  
 Bone Age  
 Indicate: \_\_\_\_\_

**ULTRASOUND**

**GENERAL ULTRASOUND**

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

**OBSTETRICAL**

**EDC (Required):** \_\_\_\_\_  
 Dating (< 16 wks)  
 Prenatal Screening (IPS/eFTS 11-14 wks)  
 Anatomy (18-20 wks)  
 Dual Scan Series (NT scan 11-14 wks + Anatomical 18-20 wks)  
 Fetal Growth (30+ wks)  
 BPP    UA Doppler    MCA Doppler  
 Biophysical Profile (BPP)  
 Follicular Study

**SMALL PARTS**

Salivary Glands  
 Thyroid  
 Chest  
 Groin    OR    OL  
 Inguinal Canal    OR    OL  
 Testes/Scrotum  
 Soft Tissue/Lump (specify site): \_\_\_\_\_

**PELVIS**

Female Pelvis (Incl. Transvaginal)  
 Male Pelvis (Excl. Transrectal)

**MUSCULOSKELETAL**

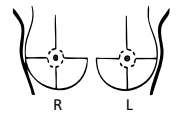
**R L**  
 Shoulder  
 Elbow  
 Wrist  
 Hip  
 Hamstring  
 Knee  
 Ankle/Achilles Tendon/  
 Plantar Fascia (circle one)

**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  
 Aorta: \_\_\_\_\_  
 **OTHER:** \_\_\_\_\_

**MAMMOGRAPHY & WOMEN'S IMAGING**

Targeted Breast Ultrasound\*    R    L  
 (indicate quadrant on diagram)  
 Mammogram    R    L    Implants  
 Mammogram & Bone Mineral Density  
 OR    L    Implants |  Baseline    Follow Up



\*Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended. This is an OBSP-accredited site.

**BONE MINERAL DENSITY**

Baseline                       Follow Up

- All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
- For location details, or to chat live and book your appointment online, please visit [MyHealthCentre.ca/Locations](https://www.myhealthcentre.ca/locations).
- **We will send your diagnostic report to your referring HP (healthcare provider)**, who will follow-up with you. We can send it to additional HPs upon your request.

## CARDIOLOGY CONSULTATION

Please bring a list of all your current medications to your appointment.

## NUCLEAR CARDIOLOGY

1. Patient may have a light breakfast/lunch (e.g. toast, jam, fruit, juice, water) but do not to eat anything for 1 hour before your test.
2. Discontinue all caffeine products for 24 hours before your test. This includes all tea, coffee, decaffeinated tea/coffee, pop, chocolate, Tylenol 2 & 3 and/or medications containing caffeine.
3. Insulin-dependent diabetics should take their insulin and eat a light meal 1 hour before the test.
4. Wear loose fitting clothing (e.g. t-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all your current medications. Check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers, such as Metoprolol or Atenolol, as well as Calcium Channel Blockers, such as Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) for 48 hours before your test.

**MYOCARDIAL PERFUSION IMAGING** consists of 2 parts:

1. Rest Study - Takes approximately 1.5-2 hours and consists of an injection followed by imaging.
2. Stress Study - Takes approximately 2-2.5 hours and consists of a stress test, injection and imaging.

## CARDIOLOGY INVESTIGATIONS

**ECHOCARDIOGRAPHY:** A cool sensation may be felt on the skin from the gel on the transducer, and a slight pressure of the transducer may be felt on your chest.

**EXERCISE STRESS TEST:** Discontinue erectile dysfunction medication for 1 week before your test. Bring a list of all your current medications. Wear soft sole shoes and comfortable clothing. Total test time: Approximately 30 minutes

**HOLTER MONITORING:** Please do not put any cream/lotion on your chest. Wear loose, comfortable clothing. Bring a list of all your current medications. Please note: a shower/bath is not permitted during the recording period.

**BLOOD PRESSURE MONITORING:** Please wear a shirt/blouse with short or loose-fitting sleeves. Bring a list of all your current medications.

## BONE MINERAL DENSITY

Do not take calcium/vitamin supplements 24 hours prior to exam. If you have had a nuclear medicine dye injection or a barium study within 2 weeks, please reschedule your BMD test. Patients are asked to wear clothing without zippers or metal attachments. **PLEASE DO NOT WEAR ANY SCENTED PRODUCTS.**

## ULTRASOUND

**ABDOMEN:** No eating or drinking (smoking or chewing gum) for 8 hours before your appointment.

**PELVIC:** You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**ABDOMEN & PELVIC:** No eating or drinking for 8 hours before your appointment. **HOWEVER,** you must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**OBSTETRIC:** You must completely drink 34 oz (or 1 litre) of water 30 minutes before your appointment. **Do not empty your bladder before the examination.**

**RENAL:** No eating or drinking for 3 hours before your appointment.

**RENAL & BLADDER:** No eating or drinking for 2 hours before your appointment. Start drinking 34 oz (or 1 litre) of water 1.5 hours before your appointment and finish it 1 hour before your appointment. **Do not empty your bladder before the examination.**

**OTHER:** No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.

## ULTRASOUND (CHILDREN AGES 0-17 YEARS)

**ABDOMEN:**

- **Under 2 Years:** No eating or drinking (except water) for 2 hours before your appointment.
- **Ages 2-4 Years:** No eating or drinking (except water) for 4 hours before your appointment.
- **Ages 5-12 Years:** No eating or drinking (except water) for 6 hours before your appointment.

**PELVIC:**

- **Under 3 Years:** Drink clear fluid without bubbles (such as water, apple juice, etc.).
- **Ages 3-6 Years:** Drink 16 oz. (2 cups) of water 30 minutes before your appointment.
- **Ages 7-11 Years:** Drink 24 oz. (3 cups) of water 45 minutes before your appointment.
- **Ages 12-17 Years:** Drink 32 oz. (4 cups) of water 1 hour before your appointment.



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- ✓ Access your radiology images and results
- ✓ Get the latest news and insights
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