

DOWNSVIEW CLINIC

ACCREDITED LICENSED FACILITY

906 Sheppard Ave. West, Unit #6, North York, ON, M3H 2T5

Tel: 416-633-0045 Fax: 416-633-0048 www.downsviewclinic.ca

PATIENT NAME	COMPUTER LABEL	HOURS OF OPERATION	Monday to Thursday 7 a.m. - 9 p.m. Friday and Saturday 7 a.m. - 5 p.m. <small>THIS MAY BE SUBJECT TO CHANGE</small>
		APPOINTMENT TIME	Arrive 10 minutes prior to your appointment. month / day / time Call 24 hours in advance to change appointment.
CLINICAL INFORMATION	REASON FOR EXAM REQUIRED	REFERRING PHYSICIAN	Please Provide your Phone / Fax / Billing#

CARDIOLOGY

<input type="checkbox"/> CARDIOLOGY CONSULTATION	<input type="checkbox"/> Exercise Stress Test	SELECT INDICATION BELOW
<input type="checkbox"/> Echocardiography	<input type="checkbox"/> Contrast Echocardiogram	
<input type="checkbox"/> Stress Echocardiography	<input type="checkbox"/> Contrast Stress Echo	
<input type="checkbox"/> Digital Holter Monitoring	<input type="checkbox"/> ECG	
<input type="checkbox"/> 48 hrs <input type="checkbox"/> 72 hrs	<input type="checkbox"/> BP Monitor 24 hrs	
<input type="checkbox"/> 14 Day loop Recorder	<input type="checkbox"/> CONSULT IF TEST IS ABNORMAL	
		<input type="checkbox"/> Chest Pain/CAD/Shortness of Breath <input type="checkbox"/> Arrhythmia/Palpitations/Syncope/Stroke <input type="checkbox"/> Hypertension/Abnormal ECG <input type="checkbox"/> Valve Disease/Murmur/Congenital <input type="checkbox"/> CHF/Cardiomyopathy/LV dysfunction <input type="checkbox"/> Risk assessment: post PCI/CABG/MI/ACS <input type="checkbox"/> Other: High CV Risk, PVD, Aortic Aneurism etc.

ULTRASOUND

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Thyroid and Neck	<input type="checkbox"/> Shoulder	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Kidney and Bladder	<input type="checkbox"/> Breast	<input type="checkbox"/> Elbow	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Male Pelvic	<input type="checkbox"/> Axilla	<input type="checkbox"/> Wrist	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Prostate Transrectal	<input type="checkbox"/> Parotid	<input type="checkbox"/> Hip	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Female Pelvic	<input type="checkbox"/> Submandibular	<input type="checkbox"/> Knee	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Dating	<input type="checkbox"/> Groin	<input type="checkbox"/> Pop Fossa	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> NT(11-14 wks) <input type="checkbox"/> IPS	<input type="checkbox"/> Abdominal Wall	<input type="checkbox"/> Ankle	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Anatomic Scan (18-20 wks)	<input type="checkbox"/> Testicular	<input type="checkbox"/> Achilles Tendon	R <input type="checkbox"/> L <input type="checkbox"/>
<input type="checkbox"/> Biophysical Profile	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Plantar Fascia	R <input type="checkbox"/> L <input type="checkbox"/>

TEST PREPARATION

ABDOMEN	Morning appointment : Nothing to eat or drink after midnight. No breakfast. Afternoon appointment : Nothing to eat at least 6 hours before examination.	
PELVIC and PREGNANCY	Drink 4 large glasses of water (1.0 L). Finish drinking 60 minutes before the test. DO NOT GO TO THE WASHROOM.	
ABDOMEN and PELVIC	Nothing to eat for 6 hours prior to examination. Drink 4 large glasses of water (1.0 L). Finish drinking 60 minutes before the test. DO NOT GO TO THE WASHROOM.	
PROSTATE-TRANSRECTAL	Purchase fleet enema from the pharmacy. Follow the instructions. Drink 4 large glasses of water (1.0 L). Finish drinking 60 minutes before the test. DO NOT GO TO THE WASHROOM.	
STRESS ECHO, STRESS TEST	Do not eat 2 hours before the test. Wear running/walking shoes, loose clothing.	
BREAST, THYROID, TESTES	GROIN, SOFT TISSUE, MUSCULOSKELETAL, ECHOCARDIOGRAPHY, ECG, HOLTER, BP MONITOR, 14 DAY LOOP RECORDER	NO PREPARATION REQUIRED

PLEASE BRING THIS FORM AND YOUR HEALTH CARD



This document contains personal identifiable information that must be treated confidentially. Any unauthorized use or disclosure is prohibited.
This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHF's.