

# Metro Central Ultrasound & Echocardiography

27 Queen Street East, Ground Floor

Toronto Ontario M5C2M6

PH: 416-777-2186

FAX: 416-777-1080

www.ultrasoundtoronto.ca

info@ultrasoundtoronto.ca

## Hours of Operation

Monday to Friday 8 am - 5 pm

Weekend appointments available by appointment only

*Walk-ins accepted Monday to Friday 9 am - 4pm*

*(Depending on availability)*

Patient Name: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

D.O.B: \_\_\_\_\_

### **Walk-in or Appointment**

- Dating
- NT / eFTS / IPS 1 Screening
- Anatomy
- Growth
- Biophysical Profile/Doppler
- Sonohysterogram
- Abdomen
- Female Pelvic Transabdominal (Includes Transvaginal Ultrasound Unless Contraindicated)
- Male Pelvic (Prostate)     Transrectal
- K.U.B.                       Female     Male
- Thyroid                     Neck
- Breast
- Scrotum
- Inguinal / Groin Hernia
- Abdominal Wall
- Soft tissue (specify): \_\_\_\_\_
- MSK (specify): \_\_\_\_\_

- Venous Doppler                       Upper     Lower
- Arterial Doppler                       Upper     Lower
- Renal/Kidney Arterial Doppler
- Renal/Kidney Transplant
- Varicose Vein Assessment (Insufficiency)
- Carotid
- Aorta & iliac
- ArterioVenous Fistula (Groin)

### **Echocardiogram**

- Adult Echo
- Stress Echo
- 12 Lead ECG
- Saline Study (Stroke)
- Stress Test (GXT)
- Persantine/Cardiolite Stress Test
- 24 hrs. ABP Monitor                 48 hrs. ABP Monitor

### **Holter Monitor**

- 24 hrs     48 hrs     72 hrs     7 days     14 days

Referring Practitioner: \_\_\_\_\_

Signature: \_\_\_\_\_

Fax: \_\_\_\_\_

OHIP Billing Number: \_\_\_\_\_

### **Clinical Information:**

### **Instructions**

#### **ABDOMEN (includes studies of the GALLBLADDER, PANCREAS, SPLEEN, LIVER, KIDNEYS and AORTA)**

No food for 12 hours prior to your exam. You may have clear fluids such as black tea/coffee, clear juice or water. No milk / dairy products or dairy alternatives. Medication SHOULD NOT be discontinued.

#### **PELVIC TRANSRECTAL**

Purchase FLEET ENEMA from the pharmacy. Follow the instructions on the package.

#### **PELVIC TRANSABDOMINAL AND K.U.B. (KIDNEYS, URETERS & BLADDER)**

You must COMPLETE DRINKING 1 liter or 4 glasses of water, clear juice or tea 1 hour before your appointment. DO NOT empty your bladder after drinking. You must have a full bladder for this examination.

#### **SONOHYSTEROGRAM**

Take 2 Advil / Tylenol 1 hour before your ultrasound. Empty bladder.

#### **OBSTETRICAL**

No preparation.

### **PLEASE BRING REQUISITION AND YOUR OHIP CARD**

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs