

# Metro Central Ultrasound & Echocardiography

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## 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): \_\_\_\_\_

- ☐ Arterial Doppler ☐ Upper ☐ Lower
- ☐ Venous Doppler for DVT/SVT ☐ Upper ☐ Lower
- ☐ Varicose Vein Assessment (Insufficiency)
- ☐ Renal/Kidney Arterial Doppler
- ☐ Renal/Kidney Transplant
- ☐ Carotid
- ☐ Aorta & iliac

### **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