

APPOINTMENT

DAY _____

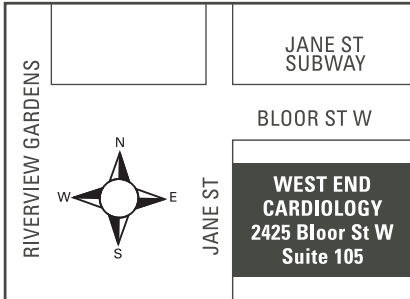
DD / MM / YYYY

TIME _____



**PLEASE BRING
HEALTH CARD
AND REQUISITION**

2425 Bloor Street W., Suite 105, Toronto, ON M6S 4W4
T 416.766.1162 F 416.766.0463
Hours: Mon-Fri 7:30am-3:30pm



PATIENT'S NAME _____ DOB _____
ADDRESS _____ POSTAL CODE _____
PHONE# HOME _____ WORK _____
OHIP# _____ CITY _____

\$200 WILL BE CHARGED FOR LAST MINUTE CANCELLATIONS & MISSED APPOINTMENTS

PLEASE INFORM STAFF IF YOU ARE PREGNANT, BREAST FEEDING OR WILL BE TRAVELLING IN THE NEXT 72 HOURS

This requisition can be taken to any licensed facility providing healthcare services including hospitals or independent health facilities

CLINICAL HISTORY

CARDIOLOGY

<input type="checkbox"/> CONSULTATION (please forward most recent test results)	<input type="checkbox"/> EXERCISE MYOCARDIAL PERFUSION IMAGING	<input type="checkbox"/> 24 HOUR HOLTER
<input type="checkbox"/> EXERCISE STRESS TEST (GXT)	<input type="checkbox"/> PERSANTINE MYOCARDIAL PERFUSION IMAGING	<input type="checkbox"/> 48 HOUR HOLTER
<input type="checkbox"/> ECHOCARDIOGRAM	<input type="checkbox"/> VENTRICULAR FUNCTION STUDY (MUGA)	<input type="checkbox"/> LOOP MONITOR
	<input type="checkbox"/> AMBULATORY BLOOD PRESSURE MONITOR (not covered by OHIP – patient to pay \$60)	<input type="checkbox"/> ECG

OTHER NUCLEAR IMAGING

<input type="checkbox"/> BONE FLOW & SCAN Specific Site _____	<input type="checkbox"/> RENAL FLOW & SCAN	<input type="checkbox"/> PARATHYROID SCAN
<input type="checkbox"/> TOTAL BODY BONE SCAN	<input type="checkbox"/> RENAL FLOW & SCAN WITH LASIX	<input type="checkbox"/> THYROID UPTAKE & SCAN
<input type="checkbox"/> RBC LIVER SCAN	<input type="checkbox"/> HEPATOBIILIARY FLOW & SCAN	<input type="checkbox"/> PERFUSION BRAIN SCAN
<input type="checkbox"/> SALIVARY SCAN	<input type="checkbox"/> LIVER/SPLEEN FLOW & SCAN	<input type="checkbox"/> OTHER _____

BMD

DEXA/BMD

BASELINE

HIGH RISK

REFERRING PHYSICIAN _____

ADDRESS _____

PHONE# _____ FAX _____

COPY TO _____

SIGNATURE _____ REFERRING # _____

If you need to change your appointment call 416.766.1162
For instructions see reverse or visit our website at www.riversideclinic.ca