



OFFICES

**York Cardiology Clinic
Vaughan (Cardiology)**

9401 Jane Street
Suite 117, L6A 4H7
Tel. 289.963.2273
Fax. 905.738.0032

Thornhill (Medical Imaging)

398 Steeles Ave. West
Suite 11-14 L4J 6X3
Tel. 905.881.0334
Fax. 905.881.1721

Patient Name: _____ Health #: _____

Patient Tel #: _____ Referring MD: _____

Appointment Date: _____ Appointment Time: _____

CARDIOLOGY (web bookings @ www.york-cardiology.com)

- Echocardiography
- Stress Test
- Stress Echo
- Chest Pain Protocol
 - Stress Echo -or- Persantine Cardiolite
- Event Loop Recorder (ELR)
- 24 hrs. Holter Monitor
- 48 hrs. Holter Monitor
- EKG / ECG
- 24 hrs ABP Monitor (\$45)
- Consultation
 - With Stress Echo
 - With Echo
 - With ELR / Holter Monitor

Consultation with Doctor: _____

**If test is abnormal please arrange for a consultation
please forward previous: EKGs, chest x-rays, blood work & cardiac assessments**

CMD Medical Imaging Centre (398 Steeles Avenue West):

NUCLEAR IMAGING

- Exercise Stress
- Persantine Stress
- Rest Thallium
- Rest Muga

Patient Height _____
Weight _____

VASCULAR

- Carotid Doppler
- Arterial Doppler
 - Upper (R) (L)
 - Lower (R) (L)
 - Abdominal
- Venous Doppler
 - Upper (R) (L)
 - Lower (R) (L)
- Renal Artery Doppler

BONE MINERAL DENSITY

- Routine
(Every 3 Years)
- High Risk
(Every 12 Months)

ULTRASOUND

- Abdomen
- Abdomen + Pelvis
- Inguinal
- Renal
- Female Pelvis
(Includes endovaginal unless contraindicated)
- Male Pelvis
 - With Kidneys
 - Transrectal Prostate
- Scrotum / Testes
- Head & Neck
 - Thyroid
 - Parotid
 - Submandibular
 - Lymph nodes
 - Other

OBSTETRICS

First Trimester

- Dating
- Problem
- Nuchal Lucency
 - IPS
- Anatomy (11-18 Weeks)
- BPP

FOLLOW UP

- Head
- Face
- Heart
- Spine
- Kidneys
- Growth
- Placenta
- Amniotic Fluid
- Position

MUSCULOSKELETAL ULTRASOUND

- Shoulders
- Arms
- Elbows
- Forearms
- Wrists
- Hands
- Fingers:
- (R) (L) 1 2 3 4 5
- Hips
- Buttocks
- Thighs
- Hamstrings
- Knees
- Calfs
- Ankles
- Foot
- Achilles
- Plantar Fascia
- Toes:
- (R) (L) 1 2 3 4 5
- Abd Wall
- Back
- Chest

CLINICAL INFORMATION

Billing #:

Physician
Signature: