Canadian Vascular Laboratories
Vascular Ultrasound & Cardiac Diagnostics

CLINICAL INFORMATION:
(Please include all relevant notes and test results with this referral)

Physician Signature ______________________________ Date ________________

Print Name & OHIP Billing No. ______________________________ Copy to ______________________________

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHF’s. Please see map and preparation on the back.

Canadian Vascular Laboratories
Vascular Ultrasound & Cardiac Diagnostics

VASCULAR

- Leg Arterial Doppler
- Leg Venous Doppler
- Carotid Doppler
- Arm Arterial Doppler
- Arm Venous Doppler
- AAA Screening (Aorta)
- Vascular Screening (Carotid, Aorta, & Legs)
- Diabetic Foot Screening (Risk Assessment)

CARDIAC WORK-UP

- ECG
- Holter
- 24H Blood Pressure (NON-OHIP)

VASCULAR CONSULT

- if Test Abnormal

CARDIOLOGY CONSULT

- if Test Abnormal

Canadian Vascular Laboratories

Newmarket
T: 905-953-9044
F: 905-954-1113

Markham
T: 289-301-6622
F: 289-301-6621

Thornhill
T: 416-221-9001
F: 416-221-0094

info@cvlab.ca • visit us at www.cvlab.ca

Child care is required during examinations.

Please arrive 10 minutes prior to your appointment and bring your Health Card and this form.

Please provide 24 hours’ notice if you are unable to keep your appointment.

We are a scent free office.

Form 300w Rev. May 2020