

# CANADIAN VASCULAR LABORATORIES CONSULTATIONS & DIAGNOSTIC IMAGING

535 Mulock Drive, Suite 300, Newmarket, ON L3Y 5H2



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info@cvlab.ca

Fillable PDF available at www.cvlab.ca



### PATIENT INFORMATION

LAST NAME FIRST NAME

ADDRESS

TELEPHONE DATE OF BIRTH SEX  
 M  
 F

HEALTH CARD NUMBER VERSION CODE

### REFERRING PHYSICIAN

**SIGNATURE**  Urgent  
 Routine

PHYSICIAN'S STAMP  
or PRINT NAME

**OHIP BILLING #**

COPY TO

### APPOINTMENT

APPOINTMENT TIME

**ALL TESTS ARE BY APPOINTMENT. LATE ARRIVALS MAY REQUIRE REBOOKING.**

### CLINICAL INFORMATION

Consult if significantly abnormal

PLEASE INCLUDE ALL RELEVANT NOTES AND TEST RESULTS WITH THIS REFERRAL

### INTERNAL MEDICINE

URGENT INTERNAL MEDICINE CLINIC

Lab Abnormalities

Imaging Abnormalities

Hypertension

Chronic Kidney Disease

Shortness Of Breath

Other (Please Specify)

### CARDIAC WORK-UP

CARDIOLOGY CONSULT

ECG

Holter  
 24H  48H  
 72H  14D

Echocardiogram

Stress Testing

24H Blood Pressure (NON-OHIP)

### VASCULAR

Leg Arterial Doppler

Leg Venous Doppler

Carotid Doppler

Arm Arterial Doppler

Arm Venous Doppler

Aorta

Vascular Screening (Carotid, Aorta, & Legs)

Diabetic Foot Screening (Risk Assessment)

Other (Please Specify)

### STROKE WORK-UP

ECG

Holter  
 24H  48H  
 72H  14D

Echocardiogram

Carotid Doppler

### OTHER IMAGING

### X-RAY

**Chest**

Chest PA & LAT

Sternum

R  L  Ribs & Chest PA

R  L  Sternoclavicular Joints

**Abdomen**

KUB (1 View)

Acute (2 Views)

**Head & Neck**

Soft Tissue Neck

Skull

Sinuses (NON-OHIP)

Orbits ( MRI)

Facial Bones

Nose

Mandible

T.M. Joints

Adenoids

Other (Please Specify)

**Upper Extremities**

R	L	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder
		<input type="checkbox"/>	<input type="checkbox"/>	Clavicle
		<input type="checkbox"/>	<input type="checkbox"/>	A.C. Joint
		<input type="checkbox"/>	<input type="checkbox"/>	Scapula
		<input type="checkbox"/>	<input type="checkbox"/>	Humerus
		<input type="checkbox"/>	<input type="checkbox"/>	Elbow
		<input type="checkbox"/>	<input type="checkbox"/>	Forearm
		<input type="checkbox"/>	<input type="checkbox"/>	Wrist
		<input type="checkbox"/>	<input type="checkbox"/>	Scaphoid
		<input type="checkbox"/>	<input type="checkbox"/>	Hand
		<input type="checkbox"/>	<input type="checkbox"/>	Fingers

No. T 2 3 4 5

**Lower Extremities**

R	L	<input type="checkbox"/>	<input type="checkbox"/>	Hip
		<input type="checkbox"/>	<input type="checkbox"/>	Femur
		<input type="checkbox"/>	<input type="checkbox"/>	Knee
		<input type="checkbox"/>	<input type="checkbox"/>	Tibia & Fibula
		<input type="checkbox"/>	<input type="checkbox"/>	Ankle
		<input type="checkbox"/>	<input type="checkbox"/>	Foot
		<input type="checkbox"/>	<input type="checkbox"/>	Calcaneus
		<input type="checkbox"/>	<input type="checkbox"/>	Toes

No. 1 2 3 4 5

**Spine & Pelvis**

Cervical

Thoracic

Lumbosacral

Sacrum & Coccyx

Sacro-Iliac Joints

Pelvis & Hips

**Skeletal Survey**

Metastatic Series

Bone Age

### MUSCULOSKELETAL ULTRASOUND

<b>R</b>	<b>L</b>	<b>Upper Extremities</b>	<b>R</b>	<b>L</b>	<b>Lower Extremities</b>
<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Hip
<input type="checkbox"/>	<input type="checkbox"/>	Arm	<input type="checkbox"/>	<input type="checkbox"/>	Knee
<input type="checkbox"/>	<input type="checkbox"/>	Elbow	<input type="checkbox"/>	<input type="checkbox"/>	Calf
<input type="checkbox"/>	<input type="checkbox"/>	Forearm	<input type="checkbox"/>	<input type="checkbox"/>	Ankle
<input type="checkbox"/>	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	<input type="checkbox"/>	Achilles Tendon
<input type="checkbox"/>	<input type="checkbox"/>	Hand	<input type="checkbox"/>	<input type="checkbox"/>	Foot

Other (Please Specify)

### ULTRASOUND

**General**

Abdomen

Pelvic

Pelvic & Transvaginal

Testes / Scrotum

Hernia

Kidney +/- Bladder

Thyroid

Neck

Soft Tissue \_\_\_\_\_  
(Please Specify)

Breast

**Obstetrical**

Dating (<16 weeks)

Nuchal Translucency (11W+2D - 13W+6D)

Anatomy (ideally @ 19-20 wks)

Other (Please Specify)

# Canadian Vascular Laboratories



535 Mulock Drive, Suite 300  
Newmarket, Ontario L3Y 5H2  
TEL: 905-953-9044 • FAX: 905-954-1113

Child care is required during examinations.

Please arrive 15 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.

Procedure	Study Length	Instructions	What to Expect
<b>VASCULAR</b>			
Leg Arterial Doppler and Diabetic Foot Assessment	45 minutes	Nothing to eat or drink for 4 hours before the exam except for sip of water with medications.	Blood flow in the legs is measured with pressure cuffs and ultrasound.
Leg Venous Doppler	30 minutes	No restrictions; drink water to ensure you are well hydrated. Voiding is okay.	Blood flow in the legs is measured with ultrasound.
Arm Arterial Doppler	30 minutes	No restrictions.	Blood flow in the arms is measured with pressure cuffs and ultrasound.
Arm Venous Doppler	30 minutes	No restrictions.	Blood flow in the arms is measured with ultrasound.
Carotid	30 minutes	No restrictions.	Blood flow in the carotid arteries is assessed with ultrasound.
AAA Screening (aorta)	20 minutes	Nothing to eat for 6 hours before the exam except for sip of water with medications.	Ultrasound of the abdomen.
Vascular Screening	75 minutes	Nothing to eat for 4 hours before the exam except for sip of water with medications.	Blood flow in the carotid arteries and legs is measured with ultrasound. Pressure cuffs used on the legs.
<b>CARDIOLOGY</b>			
ECG	10 minutes	No restrictions.	Electrodes are attached to the chest with adhesive.
Holter	24 hours - 14 days	20 minutes to attach. Wear device continuously. Do not get device wet. Return the device on date specified.	Electrodes are attached to the chest with adhesive. The monitor is worn for 24 hours up to 14 days.
Echocardiogram	60 minutes	No restrictions.	Ultrasound of the heart is performed with gel and a probe. Some pressure may be applied.
Stress Testing	30 minutes	Have a light meal. Check with your doctor if you should stop your medication. Wear comfortable clothing. Do not work out the same day as your test.	Your heart function and rhythm are assessed before and after you walk on a treadmill or use an exercise bike.
24 Hour Blood Pressure Monitor	24 hours	20 minutes to attach. Wear device continuously. Do not get device wet. Return the device on date specified.	Blood pressure cuff is worn for 24 hours. Blood pressure is recorded and stored in the device during this time.
<b>GENERAL ULTRASOUND</b>			
Abdominal ultrasound	45 minutes	Nothing to eat or drink for 6 hours before the exam except for sip of water with medications.	Ultrasound of the abdomen ('stomach' above the hip level) is performed with gel and a probe. Some pressure may be applied.
Pelvic ultrasound	30 minutes	A full bladder is necessary. Finish drinking 1 litre (40 oz) of clear fluid 1 hour before the exam. Do not empty your bladder.	Ultrasound of the pelvis ('stomach' below the hip level) is performed with gel and a probe. Some pressure may be applied.
Abdominal & Pelvic ultrasound	75 minutes	Nothing to eat for 6 hours before the exam except for sip of water with medications. A full bladder is necessary. Finish drinking 1 litre (40 oz) of clear fluid 1 hour before the exam. Do not empty your bladder.	Ultrasound of the abdomen and pelvis ('stomach') is performed with gel and a probe. Some pressure may be applied.
Transvaginal ultrasound	15 minutes	Usually completed with a pelvic ultrasound. Written consent is required.	A covered and lubricated probe is placed in the vagina.
Obstetrical	75 minutes	A full bladder is necessary. Finish drinking 1 litre (40 oz) of clear fluid 1 hour before the exam. Do not empty your bladder.	Ultrasound of the abdomen ('stomach' above the hip level) is performed with gel and a probe. Some pressure may be applied.
Trans rectal	45 minutes	An enema is required 1 to 4 hours before the test. Get instructions from the pharmacist. Written consent is required.	A covered and lubricated probe is placed in the rectum. There may be pressure or a feeling of fullness.
Thyroid ultrasound	30 minutes	No restrictions.	Ultrasound of the thyroid gland (neck) is performed with gel and a probe.
Breast	45 minutes	No restrictions. Written consent is required.	Ultrasound of the breast is performed with gel and a probe. Some pressure may be applied.
<b>MUSCULOSKELETAL ULTRASOUND</b>			
Musculoskeletal ultrasound	30 minutes	No restrictions.	Ultrasound of the joint or soft tissue is performed with gel and a probe.