VAUGHAN Diagnostic & Cardiac Clinic

2640 Rutherford Rd. Suite 102
Concord, ON L4K 0H3
TEL: 905-417-3001 FAX: 905-417-3006

See reverse for test instructions & map

PATIENT INFORMATION

Patient Name :_____
Last Name First Name

DOB: _____ Gender: M/F
Year Month Date

Health Card:_____ VC:_____

Telephone (Home): _____

Telephone (Other): _____

CLINICAL INFORMATION

APPOINTMENT DATE AND TIME:

Referred by: _____ Billing #_____

Signature: _____ ◯ STAT ◯ VERBAL

SPECIALIST CONSULTS

Cardiology Consultation
- ◯ First Available
- ◯ Dr. A. Gupta
- ◯ Dr. Kibar Yared

Vascular Consultation
- ◯ Dr. M. Al Omran

CARDIOVASCULAR DIAGNOSTICS

- ◯ Resting ECG
- ◯ Stress ECG
- ◯ Echocardiogram
- ◯ Stress Echocardiogram
- ◯ Holter Monitor ◯ 24hr ◯ 48hr ◯ 72hr ◯ 1wk ◯ 2wk

ULTRASOUND

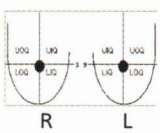
GENERAL
- ◯ Abdominal - Complete
- ◯ Kidneys, Ureters & Bladder
- ◯ Kidneys & Renal Arteries (Hypertension)
- ◯ Adrenals
- ◯ Pelvic - Transabdominal
- ◯ Pelvic - (Endovaginal included unless contraindicated)
- ◯ Prostate
- ◯ TRUS (includes US kidneys)
- ◯ Thyroid
- ◯ Scrotal

R L
◯ ◯ Salivary

MUSCULOSKELETAL
R L
- ◯ ◯ Shoulder
- ◯ ◯ Elbow
- ◯ ◯ Wrist
- ◯ ◯ Hip
- ◯ ◯ Knee
- ◯ ◯ Ankles
- ◯ ◯ Achilles
- ◯ ◯ Plantar Fascia

OBSTETRICS
- ◯ 1st Trimester
- ◯ Nuchal Translucency
- ◯ IPS-1
- ◯ 2nd/3rd trimester - Complete Fetal Presentation
- ◯ Placental Position
- ◯ BPP
- ◯ Twins
- ◯ Rule out Ectopic

BREAST IMAGING
◯ ULTRASOUND



XRAY

UPPER EXTREMITIES
R L
- ◯ ◯ Shoulder
- ◯ ◯ Clavicle
- ◯ ◯ AC Joints
- ◯ ◯ Scapula
- ◯ ◯ Humerus
- ◯ ◯ Elbow
- ◯ ◯ Forearm
- ◯ ◯ Wrist
- ◯ ◯ Scaphoid
- ◯ ◯ Hand
- ◯ ◯ Fingers 1 2 3 4 5

HEAD & NECK
- ◯ Orbits
- ◯ TM Joints
- ◯ Skull
- ◯ Adenoids
- ◯ Sella Turcica
- ◯ Mastoids
- ◯ Facial Bones
- ◯ Neck for Soft Tissue
- ◯ Nose
- ◯ Mandible
- ◯ Internal Auditory Meati

CHEST
- ◯ Chest PA
- ◯ Chest PA & LAT
- ◯ Chest PA Ins/Exp & Lat
- ◯ Sternum
- ◯ SC Joints
- ◯ Ribs & Chest PA R ◯ L ◯

LOWER EXTREMITIES
R L
- ◯ ◯ Hip
- ◯ ◯ Femur
- ◯ ◯ Knee
- ◯ ◯ Tibia & Fibula
- ◯ ◯ Ankle
- ◯ ◯ Foot
- ◯ ◯ Calcaneus
- ◯ ◯ Toes 1 2 3 4 5

ABDOMEN
- ◯ KUB
- ◯ Acute Abdomen

SPINE & PELVIS
- ◯ Cervical Spine
- ◯ Thoracic Spine
- ◯ Lumbar Spine
- ◯ Scoliosis Series
- ◯ Sacrum & Coccyx
- ◯ SI Joints
- ◯ Pelvis

SKELETAL SURVEY
- ◯ Arthritic
- ◯ Metastatic
- ◯ Bone Age

PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD TO YOUR APPOINTMENT