



217 Davenport Road • Toronto, Ontario • M5R 1J3 (**) 2025 Midland Avenue, Suite 200, 2nd Floor, Scarborough, ON • M1P 3E2

info@theveininstitute.com • www.theveininstitute.com

Multiple locations available for ultrasound, see reverse.

Tel: 416-929-0834 or 1-866-412-1151 • Fax: 416-929-0392

PATIENT INFORMATION

Last Name _____ First Name _____

Address _____ Town/City _____ Postal _____

Phone (____) _____ Health Card # _____
VERSION

Date of Birth _____
DAY MONTH YEAR Male Female

APPOINTMENT DATE/TIME

Appt. Date _____
DAY MONTH YEAR

Appt. Time _____

***Please provide 48 hours notice of cancellation**

VENOUS ASSESSMENT

CLINICAL ASSESSMENT:

PHYSICIAN ASSESSMENT:

- Dr. Sanjoy Kundu
- Other: _____

REASON FOR REFERRAL:

- Varicose Veins
 - Endovenous Ablation Therapy (EVLT, EVLA, EVRF, Venaseal, Clarivein)*
 - Sclerotherapy
 - Ambulatory Phlebectomy*
- Leg Spider, Reticular and Small Veins*
- Leg Swelling Assessment
- Medical Compression Stocking Assessment & Fitting*
- Leg Ulcer
- DVT
- Pelvic Venous Insufficiency

- Facial Veins*
- Hand Veins*

OTHER (EXPLAIN): _____

CLINICAL HISTORY: _____

* Not Covered By OHIP

DIAGNOSTIC TESTS:

ARTERIAL & VENOUS DUPLEX EXAM

- Lower Extremities
- Upper Extremities

VENOUS DUPLEX EXAM

- Lower Extremities
- Upper Extremities

Indications:

- Rule Out DVT
- Rule out Superficial Vein Thrombosis (SVT)
- Swelling Pain
- Venous Insufficiency / Reflux
- Ulcer Varicose Veins

LEG SWELLING

- Unilateral Bilateral Left Right

Duration: Days Weeks

Months Years

Pain: No Yes

- Deep Venous Duplex Ultrasound
- Venous Reflux Ultrasound
- Arterial Duplex Exam
- Echocardiogram
- Abdomen and Pelvic Ultrasound
- Chest X-Ray

OTHER:

REFERRING PHYSICIAN ■ STAT ■ VERBAL

Name of Doctor _____ Doctor's Signature _____

Phone _____ Fax/Emergency Tel. _____ Physician's Billing # _____ Date _____

COPY TO: _____
NAME FAX#

Request CD Follow-up Frequency: _____



PATIENT PREPARATION INSTRUCTIONS

PREPARATIONS

ABDOMEN/PELVIC ULTRASOUND

Avoid excess fats the night prior to the exam & solid foods 8 hours before the exam. Small quantities of clear fluids are permitted. (Any medication should be taken as required).

OTHER EXAMINATIONS

No Preparations Required

APPOINTMENTS

Please follow preparations carefully:

- We reserve the right to refuse and reschedule services due to circumstances such as arrival time, equipment downtime, patient factors, etc.
Please allow about 50 minutes for each exam.
Please arrive 10 minutes prior to your scheduled appointment time in order to register and to complete any necessary paperwork.
48 hours cancellation is required for cancellations otherwise a \$50 charge will apply.
For urgent cases reports will be provided verbally and electronically within 3 hours or less.
Ministry of Health guidelines restrict the release of reports directly to patients.

Map for Full Service Site at 217 Davenport Road, Toronto. Includes street names: Spadina Rd., Avenue Rd., Dupont St., Davenport Rd., Yonge St., Mt Pleasant Rd., Bloor St. W. Includes wheelchair accessibility icon.

217 Davenport Road, Toronto, Ontario M5R 1J3
416-929-0834 or 1-866-412-1151

Map for Midland-Ellesmere X-Ray & Ultrasound (**). Includes street names: Kennedy Rd., Midland Ave., Hwy 401 RT, Brimley Rd., McCowan Rd., Ellesmere Rd. Includes wheelchair accessibility icon.

2025 Midland Ave, Ste 200, 2nd Floor, Scarborough, ON M1P 3E2
416-296-1911

Map for Lighthouse Medical Imaging Finch Site. Includes street names: Steeles Ave. East, Kennedy Rd., Midland Ave., Brimley Rd., McCowan Rd., Finch Ave. East. Includes wheelchair accessibility icon.

4190 Finch Ave East, Unit #LL04, Scarborough, Ontario M1S 4T7
416-293-5940

Map for Lighthouse Medical Imaging Fairview Site. Includes street names: Leslie St., Don Mills Rd., Fairview Mall Dr., Fairview Mall, Don Valley Pkwy., Sheppard Ave. East. Includes wheelchair accessibility icon.

5 Fairview Mall Drive, Unit #100, North York, Ontario M2J 2Z1
416-499-3559

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