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Phone: 416-296-1911 • Fax: 416-296-1910

FREE Underground Parking



Wheel chair accessible

Online Requisition Submission

URGENT EXAMINATION REQUESTS AND REPORTS WILL BE COMPLETED SAME DAY OR WITHIN LESS THAN 24 HOURS.

PATIENT INFORMATION

Last Name _____ First Name _____
 Address _____ Town/City _____ Postal _____
 Phone () _____ Health Card # _____
 Date of Birth _____ Male Female

APPOINTMENT DATE/TIME

Appt. Date _____
DAY MONTH YEAR

Appt. Time _____

*Please provide 48 hours notice of cancellation

VASCULAR ULTRASOUND

*All studies performed by a certified vascular technologist (RVT) as per ICAVL protocols

ARTERIAL & VENOUS DUPLEX EXAM

- Lower Extremities
- Upper Extremities

ARTERIAL DUPLEX EXAM

- Lower Extremities
Evaluation includes examination of abdominal aorta, pelvic arteries, segmental blood pressures, pulse volume recording, ABI and TBI if indicated.
- Upper Extremities
Evaluation includes segmental blood pressures

Indications:

- Rule out PVD
- Follow up PVD
- Rest Pain
- Claudication
- Ischemic Ulcers
- Absent or Diminished Pulses
- Graft Surveillance
- Cold Sensitivity (Upper Extremity)
- Thoracic Inlet Syndrome

Risk Factors:

- Diabetes
- Smoking
- Increased Cholesterol
- Hypertension

CLINICAL HISTORY/OTHER: _____

RENAL ARTERY DUPLEX EXAM

Indications:

- High Blood Pressure
- Decreased Renal Function
- Known Renal Artery Disease
- Decreased Kidney Size

RENAL VENOUS DUPLEX ULTRASOUND

AV FISTULA ASSESSMENT

ABDOMINAL AORTA

Indications:

- Rule out Aneurysm
- Follow up Aneurysm
- Graft Surveillance

Risk Factors:

- Over 65
- Smoking
- Hypertension
- Increased Cholesterol

MESENTERIC ARTERY DOPPLER

- Abdominal Pain
- Weight Loss
- Abdominal Bruit

VASCULAR CLINICAL ASSESSMENT

- Carotid
- Peripheral Arterial
- Venous
- Abdominal Aorta
- Leg Swelling

CAROTID DUPLEX EXAM

Indications:

- TIA
- Stroke
- Dizziness
- Bruit
- Aneurysm
- Amaurosis Fugax
- Follow up post Carotid Endarterectomy
- Follow up post Carotid Stenting

Risk Factors:

- Diabetes
- Smoking
- Increased Cholesterol
- Hypertension

TRANSCRANIAL DOPPLER

Indications:

- TIA
- Stroke
- Amaurosis Fugax

TIA PROTOCOL

- Carotid Duplex Ultrasound
- Echocardiography
- Transcranial doppler

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 ASSESSMENT

- Unilateral
- Bilateral
- 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

COMPRESSION STOCKING ASSESSMENT & FITTING

CARDIAC TESTING

*by appointment and see preparations at back

- Echocardiography
- Holter Monitoring 24/48/72 Hours
- Carotid Intimal Thickness

Indications:

- Chest Pain
- Cardiomyopathy
- SOB
- Palpitations
- Arrythmia
- Hypertension
- Murmur
- LV Function
- Syncope
- Vascular Heart Disease
- Other

CLINICAL HISTORY/OTHER: _____

REFERRING PHYSICIAN

STAT VERBAL

CLINICAL HISTORY REQUESTED

WSIB

CLINICAL HISTORY:

Name of Doctor _____ Doctor's Signature _____

Phone _____ Fax/Emergency Tel. _____

COPY TO: _____
NAME FAX#

Request CD Follow-up Frequency: _____



PATIENT PREPARATION INSTRUCTIONS

ULTRASOUND PREPARATIONS

- ABDOMINAL AORTA, RENAL ARTERIES**
Avoid excess fats the night prior to the exam and solid foods 8 hours before the exam. Small quantities of clear fluids are permitted. (Any medication should be taken as required).

- Adult Echocardiogram, Cardiac Testing, Vascular Ultrasound (Head, Neck & Extremities),**
No preparation required.

APPOINTMENTS

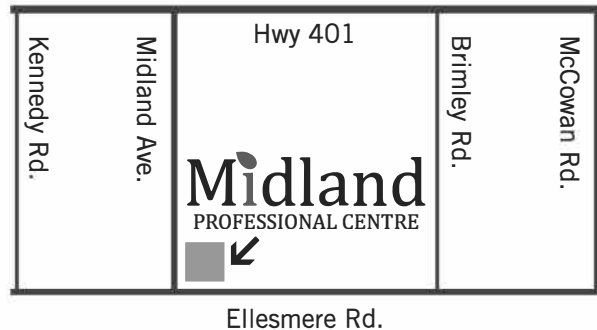
Please follow preparations carefully:

- We reserve the right to refuse and reschedule services due to circumstances such as arrival time, equipment downtime, patient/equipment weight capacities, etc.
- Please allow approx 45 minutes for each exam.
- Please arrive 20 minutes prior to your schedule 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.
- Reports will be sent to the referring physician with 1 to 24 hours.
- 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.

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>

MIDLAND-ELLESMERE X-RAY & ULTRASOUND SCARBOROUGH WOMEN'S IMAGING CENTRE SCARBOROUGH VASCULAR ULTRASOUND

We are located on the NE corner of Midland & Ellesmere.
South of Hwy 401, steps away from either the Midland RT station and close to Scarborough General Hospital. We are on the second floor of the Midland Professional building, suite 200.
Free Parking is available. Snow Free driving surfaces.
We are wheelchair accessible.



CLINIC HOURS:

Monday to Friday: 8 AM to 7:30 PM • Saturday: 9 AM to 4 PM • Sunday: Please call for availability

WE ACCEPT WALK-IN URGENT VASCULAR, X-RAY & GENERAL ULTRASOUND REQUESTS.