



one vascular imaging

Fellows of The Royal College of Surgeons of
Canada FRCS(C) Vascular Surgery

For more information visit onevascular.com.

OAKVILLE

A1-1405 Cornwall Rd.
P: 905-815-0999
F: 905-815-0997

BURLINGTON

105-2951 Walkers Line
P: 905-592-3955
F: 905-592-3956

HAMILTON

3C-35 Upper Centennial Pkwy
P: 905-662-3174
F: 905-525-2595

ST. CATHARINES

296 Welland Ave.
P: 905-688-5959
F: 905-685-5221

NIAGARA FALLS

101-4256 Portage Rd.
P: 905-356-3500
F: 905-356-3502

ETOBICOKE

1070-3280 Bloor St. W.
P: 416-516-4399
F: 416-516-1704

NORTH YORK

5-1310 Don Mills Rd,
P: 416-934-2144
F: 416-934-2143

WOODBIDGE

200-4600 Hwy 7
P: 905-850-2991
F: 905-850-6045

LONDON

311-460 Springbank Dr.
P: 519-913-2910
F: 519-913-2920

WATERLOO

826 King St N. #18
P: 519-513-4777
F: 226-336-5730

PATIENT INFORMATION

Name: _____ DOB dd/mm/yyyy: _____

Health Card: _____ Gender: _____

Address: _____

Primary Phone: _____ Alternate: _____

PHYSICIAN INFORMATION

Referring Physician Name: _____ Physician Billing #: _____

Signature: _____ Phone: _____

Address: _____ Fax: _____

Date: _____ Copy to: _____

CLINICAL CONSULTATION: First Available Dr. _____

REASON:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Aortic Aneurysm | <input type="checkbox"/> Peripheral Arterial Disease | <input type="checkbox"/> Lower Extremity Wounds | <input type="checkbox"/> Diabetic Foot |
| <input type="checkbox"/> TIA/Stroke | <input type="checkbox"/> Carotid Disease | <input type="checkbox"/> Thoracic Outlet Syndrome | <input type="checkbox"/> Lymphedema |
| <input type="checkbox"/> Varicose Veins | | | |

PERIPHERAL ARTERIAL DUPLEX:

- Lower Extremity (ABI/TBI), Iliac & Aorta (**Bilateral**)
- Lower Extremity (with ABI/TBI) R L Bil.
- Upper Extremity R L Bil.

PERIPHERAL VENOUS DUPLEX:

(Reflux & R/O DVT*)

- Lower Extremity, IVC, Iliac R L Bil.
- Lower Extremity R L Bil.
- Upper Extremity R L Bil.

ABDOMINAL AORTA & ILIAC DUPLEX:

- Aorta & Bilateral Iliac

CAROTID DUPLEX:

Includes Vertebral and Subclavian Arteries

- Carotid Arteries

Request Vascular Consultation if **ABNORMAL** ultrasound result

* All DVTs are considered **URGENT** and must be called to our office to book to ensure same day scheduling and reporting *

CLINICAL INFORMATION: (MANDATORY FOR BOOKING - reason for study and site-specific **MUST** be completed below)

URGENT (check if applicable) _____

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

Ontario Network of Experts in Vascular Health