



one vascular imaging

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

OAKVILLE

A1-1405 Cornwall Rd.

P: 905-815-0999

F: 905-815-0997

NIAGARA FALLS

101-4256 Portage Rd.

P: 905-356-3500

F: 905-356-3502

LONDON

311-460 Springbank Dr.

P: 519-913-2910

F: 519-913-2920

For more info:

www.onevascular.com

info@onevascular.com

BURLINGTON

305-2951 Walkers Line

P: 905-592-3955

F: 905-592-3956

ETOBICOKE

1070-3280 Bloor St. W.

P: 416-516-4399

F: 416-516-1704

HAMILTON

3C-35 Upper Centennial Pkwy

P: 905-662-3174

F: 905-525-2595

NORTH YORK

508-1275 Finch Ave. W.

P: 416-934-2144

F: 416-934-2143

ST. CATHARINES

105B-180 Vine St. S.

P: 905-688-5959

F: 905-685-5221

WOODBIDGE

200-4600 Hwy 7

P: 905-850-2991

F: 905-850-6045

PATIENT INFORMATION

Name: _____ DOB dd/mm/yyyy: _____

Health Card: _____ Version Code: _____

Address: _____

Primary Phone: _____ Alternate: _____

PHYSICIAN INFORMATION

Referring Physician Name: _____ Physician Billing #: _____

Signature: _____ Phone: _____

Address: _____ Fax: _____

Date: _____ Copy to: _____

CLINICAL CONSULTATION:

☐ First Available

☐ Dr. _____

REASON:

☐ Aortic Aneurysm

☐ Peripheral Arterial Disease

☐ Lower Extremity Wounds

☐ Diabetic Foot

☐ TIA/Stroke

☐ Carotid Disease

☐ Thoracic Outlet Syndrome

☐ Lymphedema

☐ 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.

ABDOMINAL AORTA & ILIAC DUPLEX:

☐ Aorta & Bilateral Iliac

PERIPHERAL VENOUS DUPLEX:

(Reflux & R/O DVT*)

☐ Lower Extremity, IVC, Iliac ☐ R ☐ L ☐ Bil.

☐ Lower Extremity ☐ R ☐ L ☐ Bil.

☐ Upper Extremity ☐ R ☐ L ☐ Bil.

CAROTID DUPLEX:

Includes Vertebral and Subclavian Arteries

☐ Carotid Arteries

* 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