



Clearly imprint patient identification card

- A complete and accurate referral **MUST** be faxed before an appointment will be made.
  - **Doctor's offices are responsible for notifying the patient of their appointment time and date.**
- Telephone 416-586-8556 Fax 416-586-8405**

**Patient Demographics**

Patient name \_\_\_\_\_  
Last First

Date of birth \_\_\_\_\_ Health Card Number \_\_\_\_\_ VC \_\_\_\_\_  
(YYYY MM DD)

Daytime telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ Evening telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

**Appointment Information** • Please advise patients to arrive 15 minutes early.  
 • Patients arriving late may be re-scheduled.

Preferred appointment information  M  T  W  T  F  A.M.  P.M.

Appointment date \_\_\_\_\_ Time \_\_\_\_\_  
(YYYY MM DD) (HH:MM)

**Appointment Booking**  
*For internal use only*

\_\_\_\_\_  
Scheduled Date

\_\_\_\_\_  
Scheduled Time

\_\_\_\_\_  
Scheduler's Initials

- NT Scan (11-13<sup>+6</sup> weeks)**
- For NT Ultrasound, please fax Requisition to: (contact information same as above)
  - Blood requisition **MUST** be faxed with the NT requisition

**Ultrasound Information** • One CEOU Requisition is required for each test

BPP  Dating/Viability  Other (specify) \_\_\_\_\_

BPP + MFM Consult  Transvaginal (e.g., cervical length) \_\_\_\_\_

Routine Anatomy (18-20 weeks)  Limited Scan (e.g., prior incomplete scan/visibility)

Complicated Anatomy (e.g., suspected anomaly)

LMP \_\_\_\_\_ **OR** Established EDC \_\_\_\_\_  
(YYYY MM DD) (YYYY MM DD)

Multiple Gestation?  Yes  No  Unknown – If YES, specify number \_\_\_\_\_

External scan performed?  Yes  No – If YES, date of scan \_\_\_\_\_ GA at time of scan \_\_\_\_\_  
(YYYY MM DD)



**Relevant Medical History** • Please include copies of *external* ultrasound and prenatal screening reports.

\_\_\_\_\_  
 \_\_\_\_\_

**Referring Healthcare Provider**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_ Billing # \_\_\_\_\_

Full mailing address \_\_\_\_\_ Additional copy to \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_