

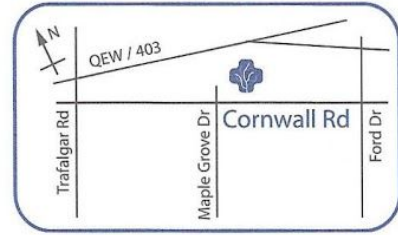
## REQUEST FOR EXAMINATION



# Oakville Vascular

Comprehensive Vascular Care  
www.oakvillevascular.com

2035 Cornwall Road, Oakville, Ontario L6J7S2  
T: (905) 815-0999 F: (905) 815-0997



Dr. D. Szalay, MD, FRCS(C), RVT  
Vascular Surgeon

Dr. T. Rapanos, MD, FRCS(C), RVT  
Vascular Surgeon

Dr. B. Chan, MD, FRCS(C), RVT  
Vascular Surgeon

### PATIENT INFORMATION

Patient's Name		Date of Birth (MM/DD/YYYY)	
Address	City	Province	Postal Code
Home Phone	Work Phone	Health Card Number	

### EXAMINATION REQUESTED

### CLINICAL INDICATION

<input type="checkbox"/> Carotid Duplex	
<input type="checkbox"/> Peripheral Arterial <ul style="list-style-type: none"><li>• Lower Extremity</li><li>• Upper Extremity</li></ul>	
<input type="checkbox"/> Abdominal U/S for Aneurysm	
<input type="checkbox"/> Venous Duplex R/O DVT	
<input type="checkbox"/> Venous mapping (Varicose veins)	

### PHYSICIAN'S INFORMATION

Referring Physician & Billing Number	Phone	Fax	
Address	City	Province	Postal Code
Signature			

### PATIENT INSTRUCTIONS

**DO NOT EAT FOR 6 HOURS PRIOR  
IF YOU ARE HAVING AN ABDOMINAL ULTRASOUND  
FOR ALL OTHER EXAMS, THERE IS NO PREPARATION.**