



COVID-19 PANDEMIC REQUEST TO EXPEDITE DIAGNOSTIC IMAGING EXAMINATION

To expedite your patient's appointment, please complete this form and return by fax to one of the clinics below.

Patient Name: _____ Patient DOB: ____/____/____
DD MM YYYY

Health Card No.: _____ Version Code: _____

Examination: _____ Patient Phone number: _____

Currently Scheduled Date: _____

Please specify why the patient's examination should be prioritized. **Please note that due to significant capacity constraints, it will not be possible to expedite all requests. A decision will be made following review of this information by a radiologist. As such, please be detailed and specific.**

Requested time frame for new appointment:

- ASAP
- Within 1 month
- Within 2 weeks
- Within 3 months

Name of physician: _____ Phone # _____ Fax # _____

Please return this form by fax to the most appropriate site below:

Modality	Credit Valley Hospital 2200 Eglinton Avenue West Mississauga, ON	Mississauga Hospital 100 Queensway West Mississauga, ON	Queensway Health Centre 150 Sherway Drive Etobicoke, ON
General Imaging (BMD, Mammography, X-Ray, Nuclear Medicine, Ultrasound, Minor Specials)	(905) 813-4418	(416) 521-4014	(416) 521-4014
CT	(905) 813-3807	(905) 804-7926	
MRI	(905) 813-4172	(905) 848-7295	
Ultrasound Biopsy	(905) 813-2223	(416) 521-4014	
Vascular & Interventional Radiology	(905) 813-3956	(905) 804-7994	

For THP Use Only	
Reviewed by (Name of Radiologist): _____	<input type="checkbox"/> Expedite within: _____ weeks <input type="checkbox"/> Do not move up