

VASCULAR FLOW LAB – Division of Vascular Surgery
Phone: 519-667-6544 / Fax: 519-667-6574
Room E2-102, Victoria Hospital

Location: Victoria Hospital
Baseline Road Entrance
Visitor Parking Lot # 7
Zone E, 2nd Floor, Room 102

******* PLEASE FAX THE COMPLETE REQUISITION *******

Patient Name: _____

Date of Birth: _____ Phone Number: _____

OHIP # _____

Appointment Date & Time: _____

Can this patient be exercised? (*Treadmill Maximum 5 Minutes, 2 MPH, 12° incline*)

Yes

No

Reason for referral:

M.D. _____
(please print)

Fax _____