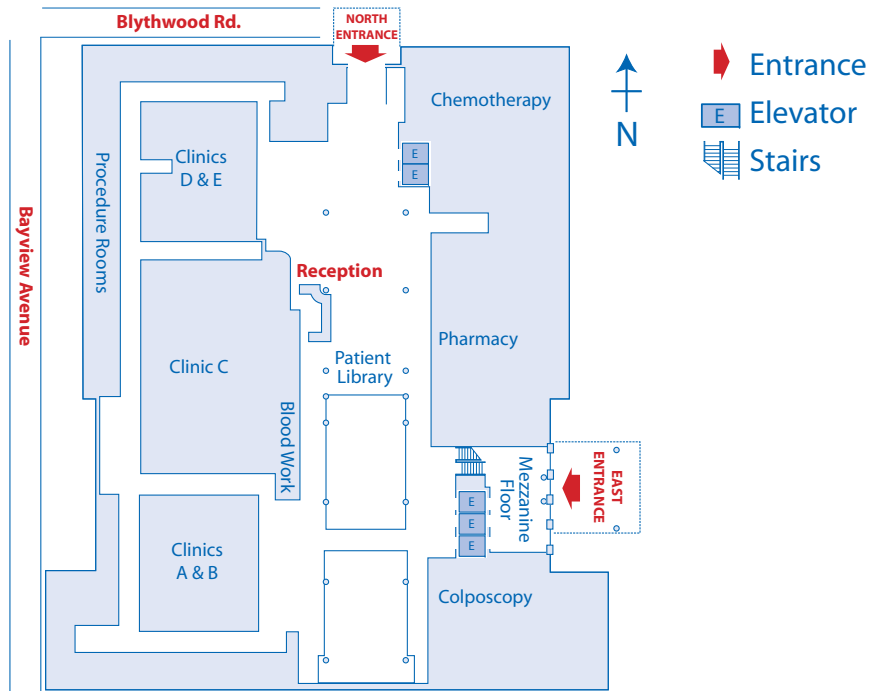
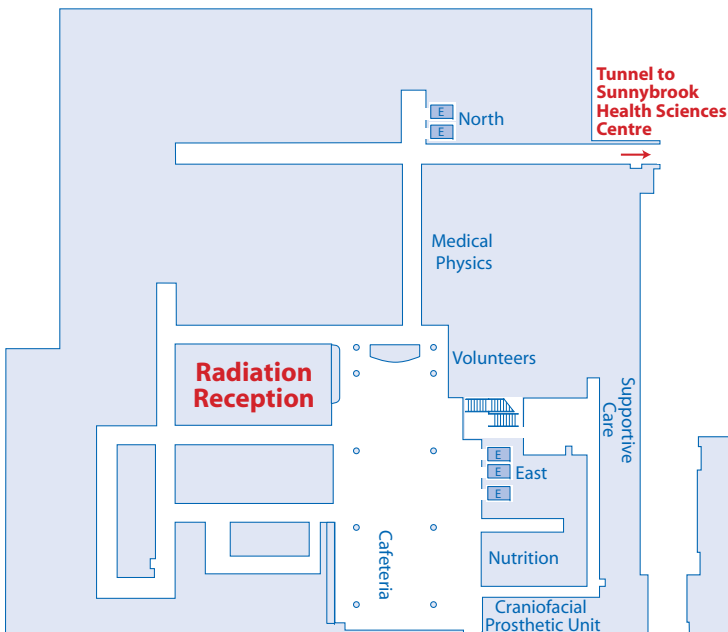


# ODETTE CANCER CENTRE FLOOR MAPS

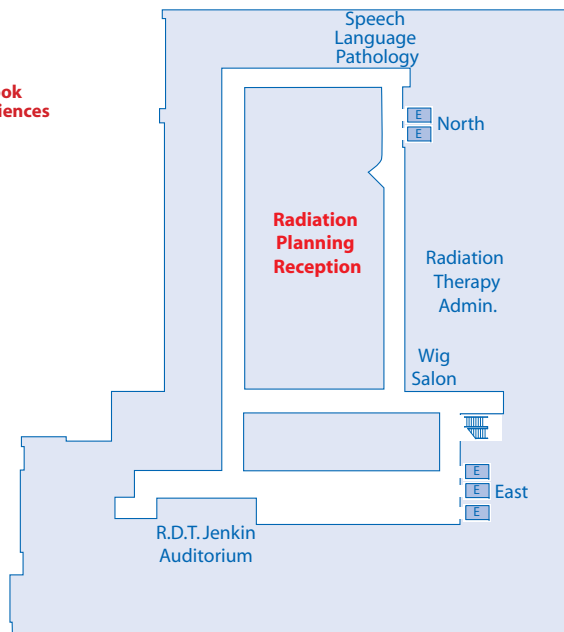
## FIRST FLOOR



## GROUND FLOOR



## BASEMENT FLOOR



# RESOURCES

- ▶ Appointments 416-480-4800
- ▶ Health Records 416-480-4638
- ▶ Administrative Reception 416-480-5000
- ▶ Retail Pharmacy T-Wing, First Floor 416-480-4671
- ▶ Supportive Care Office T-Wing, Ground Floor 416-480-4623
  - Social Work
  - Drug Reimbursement Specialist
  - Clinical Nutrition
  - Psychology and Psychiatry
  - Transportation Services
  - Spiritual and Religious Care
- ▶ Wellspring 416-480-4440
- ▶ Cafeteria T-Wing, Ground Floor
- ▶ ATM machine T-Wing, Ground Floor
- ▶ Patient & Family Library T-Wing, First Floor
- ▶ Volunteer Services T-Wing, First Floor

## MyChart™

MyChart™ is a secure online website where patients can access and manage their personal health information.

To sign up for MyChart, please visit [www.sunnybrook.ca](http://www.sunnybrook.ca) and look for the link to MyChart or call 416-480-6100 ext. 6794.

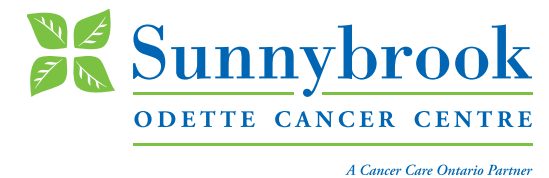


PR 99901 (01-2009)

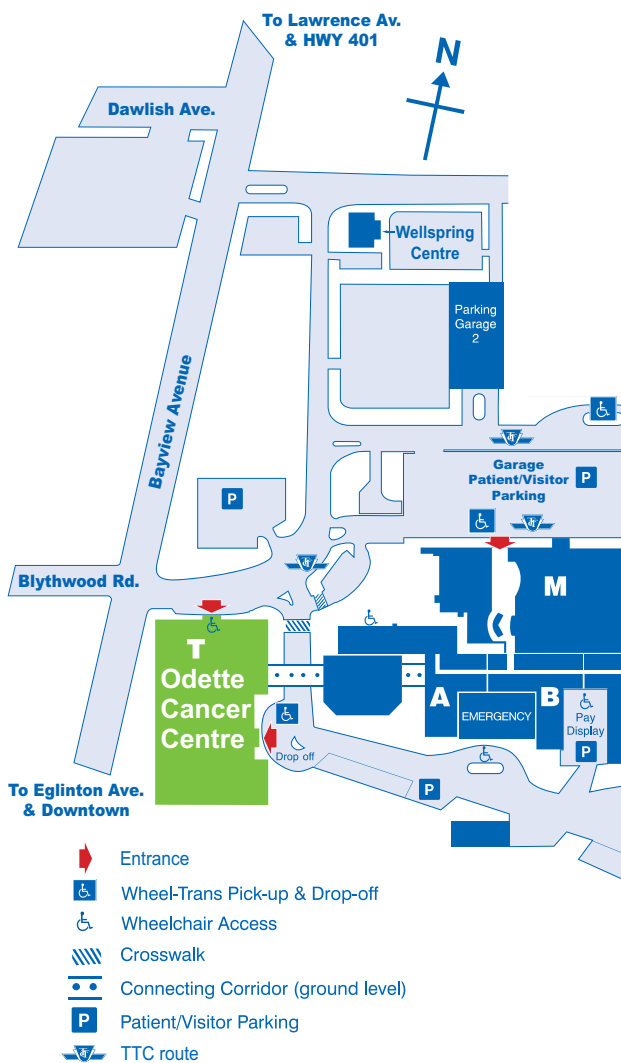
Welcome to the  
**Odette  
Cancer  
Centre**

*Information you  
need for your visits  
to the Centre*

2075 Bayview Avenue, T-Wing  
Toronto, ON Canada M4N 3M5  
t: 416.480.5000  
[www.sunnybrook.ca/occ](http://www.sunnybrook.ca/occ)



# ARRIVING AT ODETTE CANCER CENTRE:



## Parking and Transportation

The hospital is located at 2075 Bayview Avenue, two traffic lights north of Eglinton Avenue East and three lights south of York Mills Road, south of Hwy. 401.

- ▶ **TTC**  
Bayview 11: runs from Davisville subway via Sunnybrook to Sheppard and/or Steeles Avenue.  
  
Lawrence 124: runs from Lawrence subway to Sunnybrook.

- ▶ **Pay-for-parking**
  - ❑ Daily rates are \$4.00 per half-hour to a daily maximum of \$23.00
  - ❑ Discount Pay-per-use card for non-consecutive days: 5 days - \$95; 10 days - \$170; 15 days - \$225
  - ❑ Discount Weekly passes for consecutive days: 5 days - \$40

The Pay-per-use cards and weekly passes can be bought through the Parking and Transportation Services Office (C-Wing, Ground Floor, Room 1; 416-480-6100 ext. 4123).

- ▶ **Volunteer Drivers**  
Drivers are available through the Canadian Cancer Society. To pre-arrange transport, contact 416-480-4623. Four days notice is required and drivers cannot be guaranteed.

- ▶ **Transport chairs (Staxis)**  
Staxis are available in the parking lot across from the OCC and the Centres east entrance for a refundable deposit of \$1.00.

## Check-In

New patients, chemotherapy patients and follow up patients: please check in at **T-Wing, First Floor, Reception** each visit.

Patients receiving radiation treatment: please check in at **T-Wing, Ground Floor, Radiation Reception**.

We encourage you to bring a family member or someone to help you understand the information you will receive during your visits.

Your visits to the centre may last several hours so please plan accordingly.

Before leaving the Centre, please ask for your next appointment information. If you are unable to keep your appointment, please call **416-480-4800** as soon as possible.

## FOR EACH VISIT, PLEASE BRING:

- ❑ Ontario Health Card
- ❑ Name, address and phone number of your family doctor, next of kin, and emergency contact
- ❑ A list of medicines you are currently taking
- ❑ For your first visit, bring medical imaging test results that were not done at Sunnybrook (i.e. mammograms, x-rays etc.)
- ❑ Equipment you need (i.e. ostomy bags, oxygen tanks etc.)
- ❑ Snack/lunch or beverage, or these may be bought at the on-site Cafeteria
- ❑ Money for expenses such as parking fees or anything else you may buy on site
- ❑ Money/credit card or drug insurance information (i.e. Group and policy numbers for private insurance plans, Trillium, Ontario Works, Ontario Disability Support Program etc.)

You are responsible for the cost of drugs prescribed that are not covered by Ontario Health Insurance. If you do not have drug coverage, please contact the Drug Reimbursement Specialist (416-480-4623).

## YOUR PERSONAL HEALTH TEAM

### Your Clinic File

Number: \_\_\_\_\_

### Your Primary Doctor

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Administration Assistant: \_\_\_\_\_

### Your Primary Nurse

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Additional Team Members

Doctor: \_\_\_\_\_

Specialty: \_\_\_\_\_

Nurse: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

Radiation Therapist: \_\_\_\_\_

### Your Supportive Care Provider(s)

*(Social Worker, Dietitian, Psychologist, Chaplain, Drug Reimbursement Specialist, Occupational Therapist, Physiotherapist)*

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Telephone: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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