



**REQUEST FOR EXAMINATION – GTA GENERAL SERVICES**

- |  |   |   |                                    |                                      |                                    |
|--|---|---|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Brampton Centre | <input type="checkbox"/> Brampton Chrysler  | <input type="checkbox"/> Brampton Sleep Disorders | <input type="checkbox"/> Milton    | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Newmarket |
| <input type="checkbox"/> North York      | <input type="checkbox"/> Orangeville        | <input type="checkbox"/> Oshawa                   | <input type="checkbox"/> Pickering | <input type="checkbox"/> Scarborough | <input type="checkbox"/> Thornhill |
| <input type="checkbox"/> Toronto Bay     | <input type="checkbox"/> Toronto Davisville | <input type="checkbox"/> Toronto King             | <input type="checkbox"/> Whitby    |                                      |                                    |

**PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)**

Check if Applicable: ☐ **URGENT**

Full Name (Birth): \_\_\_\_\_

Preferred Full Name (If Different from Birth): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Version: \_\_\_\_\_

Gender (Birth): \_\_\_\_\_ Preferred Gender (If Different from Birth): \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

**SPECIALIST CONSULTATIONS**

- ☐ First Available: ☐ Cardiologist ☐ Internist ☐ Respiriologist ☐ Sleep Medicine
- ☐ Dr. \_\_\_\_\_
- ☐ Consult if Test Result is Positive/Abnormal

**Please Attach:** Medications, Previous Tests, Family & Social History

**CARDIOLOGY**

- |  |  |
|--|--|
| <input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG)  | <input type="checkbox"/> Stress Echocardiogram   |
| <input type="checkbox"/> Exercise Stress Test (GXT)            | <input type="checkbox"/> Echocardiogram (Colour Doppler)   |
| <input type="checkbox"/> Holter Monitoring                     | <input type="checkbox"/> Contrast Echocardiogram   |
| <input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP) | <input type="checkbox"/> Chest pain suspicious of CAD  |
| <input type="checkbox"/> Pulmonary Function Testing (PFT)      | <input type="checkbox"/> CHF <input type="checkbox"/> Palpitations/Arrhythmias                         |
| <input type="checkbox"/> Pre & Post Spirometry                 | <input type="checkbox"/> Hypertension <input type="checkbox"/> Murmur <input type="checkbox"/> Syncope |
| <input type="checkbox"/> Full Pulmonary Function Test          | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Include Respiriology Consult          |  |
- SLEEP DISORDERS**
- ☐ Consultation & Sleep Study
- ☐ Consultation Only ☐ Sleep Study Only

**NUCLEAR CARDIOLOGY**

- |   |                                    |
|---|------------------------------------|
| <b>MYOCARDIAL PERFUSION</b>   | <b>VENTRICULAR FUNCTION</b>        |
| <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine | <input type="checkbox"/> Rest MUGA |

**X-RAY (WALK-IN SERVICE)**

- |  |   |  |
|--|---|--|
| <b>ABDOMINAL</b>                                       | <b>LOWER EXTREMITIES</b>                    | <b>UPPER EXTREMITIES</b>                         |
| <input type="checkbox"/> Single/KUB                    | <b>R L</b>                                  | <b>R L</b>                                       |
| <input type="checkbox"/> Acute (Incl. PA chest)        | <input type="checkbox"/> Hip                | <input type="checkbox"/> Shoulder                |
| <b>CHEST</b>   | <input type="checkbox"/> Femur              | <input type="checkbox"/> Clavicle                |
| <input type="checkbox"/> Chest PA & LAT                | <input type="checkbox"/> Knee               | <input type="checkbox"/> Sternoclavicular Joints |
| <input type="checkbox"/> Ribs OR OL                    | <input type="checkbox"/> Tib. & Fib.        | <input type="checkbox"/> A.C. Joint              |
| <input type="checkbox"/> Sternum                       | <input type="checkbox"/> Ankle              | <input type="checkbox"/> Scapula                 |
| <input type="checkbox"/> Chest Visa                    | <input type="checkbox"/> Foot               | <input type="checkbox"/> Humerus                 |
| <b>HEAD &amp; NECK</b>                                 | <input type="checkbox"/> Calcaneus          | <input type="checkbox"/> Elbow                   |
| <input type="checkbox"/> Soft Tissue Neck              | <input type="checkbox"/> Toe: 1 2 3 4 5     | <input type="checkbox"/> Forearm                 |
| <input type="checkbox"/> Skull                         | <b>SPINE &amp; PELVIS</b>                   | <input type="checkbox"/> Wrist                   |
| <input type="checkbox"/> Sinuses (Not insured by OHIP) | <input type="checkbox"/> Cervical Spine     | <input type="checkbox"/> Scaphoid                |
| <input type="checkbox"/> Facial Bones                  | <input type="checkbox"/> Thoracic Spine     | <input type="checkbox"/> Hand                    |
| <input type="checkbox"/> Nose                          | <input type="checkbox"/> Lumbar (L/S) Spine | <input type="checkbox"/> Finger: 1 2 3 4 5       |
| <input type="checkbox"/> Mandible                      | <input type="checkbox"/> Sacrum/Coccyx      | <b>OTHER</b>                                     |
| <input type="checkbox"/> Orbits                        | <input type="checkbox"/> S.I. Joints        | <input type="checkbox"/> Skeletal Survey         |
| <input type="checkbox"/> T.M. Joints                   | <input type="checkbox"/> Pelvis             | <input type="checkbox"/> Bone Age                |
| <input type="checkbox"/> Adenoids                      | <input type="checkbox"/> Scoliosis Series   | <input type="checkbox"/> Indicate: _____         |



**ULTRASOUND**

**GENERAL ULTRASOUND**

- ☐ Abdomen + Pelvis (Incl. reproductive organs)
- ☐ Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)
- ☐ Kidneys\*
- ☐ Bladder
- ☐ Hernia (specify site): \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

\*Baseline abdominal ultrasound may be performed

**PELVIS**

- ☐ Female Pelvis (Incl. Transvaginal)
- ☐ Male Pelvis (Excl. Transrectal)

**OBSTETRICAL**

- EDC (Required):** \_\_\_\_\_
- ☐ Dating (< 16 weeks)
- ☐ Prenatal Screening (IPS/eFTS 11-14 weeks)
- ☐ Anatomy (18-20 weeks)
- ☐ Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
- ☐ Fetal Growth (30+ weeks)
- ☐ BPP ☐ UA Doppler ☐ MCA Doppler
- ☐ Biophysical Profile (BPP)
- ☐ Twin Series (> 18 weeks) - Site Specific
- ☐ Follicular Study

**US GUIDED PROCEDURES**

- ☐ Biopsy – Thyroid FNA - Site Specific
- ☐ Biopsy – Breast - Site Specific
- ☐ Sonohysterogram - Site Specific

**MUSCULOSKELETAL**

**R L**

- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hip
- ☐ Hamstring
- ☐ Knee
- ☐ Ankle/Achilles Tendon/Plantar Fascia (circle one above)
- ☐ Other: \_\_\_\_\_

**SMALL PARTS**

- ☐ Salivary Glands
- ☐ Thyroid
- ☐ Chest
- ☐ Groin OR OL
- ☐ Inguinal Canal OR OL
- ☐ Testes/Scrotum
- ☐ Soft Tissue/Lump (specify site): \_\_\_\_\_

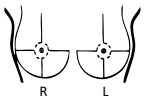
**VASCULAR**

**R L**

- ☐ Venous - Lower Extremity (DVT)
- ☐ Venous - Upper Extremity (DVT)
- ☐ Venous - Lower Extremity (Reflux)
- ☐ Arterial - Lower Extremity (ABI)
- ☐ Arterial - Upper Extremity
- ☐ Carotid
- ☐ Renal Arteries
- ☐ Portal Venous Doppler
- ☐ Aorta: \_\_\_\_\_
- ☐ OTHER: \_\_\_\_\_

**MAMMOGRAPHY & WOMEN'S IMAGING**

- ☐ Targeted Breast Ultrasound\* (indicate quadrant on diagram) OR OL
- ☐ Mammogram OR OL Implants
- ☐ Mammogram & Bone Mineral Density OR OL Implants | ☐ Baseline ☐ Follow Up



\*Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended.

**BONE MINERAL DENSITY**

- ☐ Baseline ☐ Follow Up

**NUCLEAR MEDICINE**

**BONE SCAN**

- ☐ Total Body ☐ Specific Site: \_\_\_\_\_

**ENDOCRINE**

- ☐ Thyroid Uptake & Scan
- ☐ Parathyroid

**GASTROINTESTINAL**

- ☐ Hepatobiliary Scan (HIDA)
- ☐ Solid Gastric Emptying Scan

**RENAL**

- ☐ Renal Scan with Differential Function

**MISCELLANEOUS**

- ☐ V/Q Lung Scan

**PET/CT – Mississauga**

- ☐ Visit [WELLdiagnostics.ca/Refer](http://WELLdiagnostics.ca/Refer) for PET/CT requisition

**REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)**

Referring Provider: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Billing Provider #: \_\_\_\_\_ CPSO #: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date: \_\_\_\_\_ Copy To: \_\_\_\_\_

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: \_\_\_\_\_

Access your patient radiology reports at [WELLdiagnostics.ca/Access](http://WELLdiagnostics.ca/Access)

**MyHealth is now WELL Health Diagnostic Centres. We're the same team with a new name, providing the highest standard of accredited patient care!**

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- For location details, or to chat live and book your appointment online, please visit [WELldiagnostics.ca/locations](https://www.welldiagnostics.ca/locations).
- **We will send your diagnostic report to your referring HP (healthcare provider),** who will follow-up with you. We can send it to additional HPs upon your request.

BRAMPTON CENTRE	BRAMPTON CHRYSLER	BRAMPTON (SLEEP DISORDERS)
<p>31 Centre Street South Brampton, ON L6W 2X7 South of Peel Memorial Centre</p> <p><b>T: 905-455-3010   F: 1-800-352-2050</b> <b>E: <a href="mailto:brampton_centre@welldiagnostics.ca">brampton_centre@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Pulmonary Function Test, Vascular Ultrasound</p>	<p>470 Chrysler Drive, Unit 28 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams &amp; Chrysler)</p> <p><b>T: 905-791-3458   F: 905-791-3460</b> <b>E: <a href="mailto:brampton_chrysler@welldiagnostics.ca">brampton_chrysler@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Nuclear Cardiology, Nuclear Medicine</p>	<p>480 Chrysler Drive, Unit 34 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams &amp; Chrysler)</p> <p><b>T: 905-790-8800   F: 905-790-6008</b> <b>E: <a href="mailto:brampton_sleep@welldiagnostics.ca">brampton_sleep@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Sleep Consultations, Sleep Studies <b>Visit <a href="https://www.welldiagnostics.ca/Refer">WELldiagnostics.ca/Refer</a> for Sleep requisition.</b></p>
MILTON (CARDIOLOGY)	MILTON (RADIOLOGY)	MISSISSAUGA (CARDIOLOGY)
<p>480 Bronte Street South, Suite 218 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road</p> <p><b>T: 905-878-8831   F: 1-800-249-6284</b> <b>E: <a href="mailto:milton_cardiology@welldiagnostics.ca">milton_cardiology@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Nuclear Cardiology</p>	<p>480 Bronte Street South, Suite 212 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road</p> <p><b>T: 905-878-8831   F: 1-800-249-6284</b> <b>E: <a href="mailto:milton_radiology@welldiagnostics.ca">milton_radiology@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>2300 Eglinton Avenue West, Suite G01 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p><b>T: 905-828-0653   F: 1-800-249-6284</b> <b>E: <a href="mailto:mississauga_cardiology@welldiagnostics.ca">mississauga_cardiology@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Nuclear Cardiology</p>
MISSISSAUGA (RADIOLOGY)	MISSISSAUGA (PET/CT)	NEWMARKET (CARDIOLOGY)
<p>2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p><b>T: 905-828-0653   F: 905-828-0765</b> <b>E: <a href="mailto:mississauga_radiology@welldiagnostics.ca">mississauga_radiology@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, Vascular Ultrasound, X-ray, Biopsy (Thyroid), Immigration X-ray</p>	<p>2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p><b>T: 416-572-1725   F: 1-800-416-9840</b> <b>E: <a href="mailto:mississauga_petct@welldiagnostics.ca">mississauga_petct@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Cancer Screening <b>Visit <a href="https://www.welldiagnostics.ca/Refer">WELldiagnostics.ca/Refer</a> for PET/CT requisition.</b></p>	<p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre</p> <p><b>T: 905-952-3112   F: 289-319-0415</b> <b>E: <a href="mailto:newmarket_cardiology@welldiagnostics.ca">newmarket_cardiology@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Nuclear Cardiology, Pulmonary Function Test</p>
NEWMARKET (RADIOLOGY)	NORTH YORK	ORANGEVILLE
<p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre</p> <p><b>T: 905-836-2626   F: 905-836-5043</b> <b>E: <a href="mailto:newmarket_radiology@welldiagnostics.ca">newmarket_radiology@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Sonohysterogram, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 Northview Centre at Bathurst and Finch</p> <p><b>T: 416-223-5460   F: 416-223-8335</b> <b>E: <a href="mailto:northyork@welldiagnostics.ca">northyork@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, X-ray, Immigration X-ray</p>	<p>229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station</p> <p><b>T: 519-943-0022   F: 519-943-0045</b> <b>E: <a href="mailto:orangeville@welldiagnostics.ca">orangeville@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Nuclear Cardiology, Nuclear Medicine</p>
OSHAWA	PICKERING	SCARBOROUGH
<p>300 King Street West, Suite 201 Oshawa, ON L1J 2K1 Oshawa Professional Building west of Park Road</p> <p><b>T: 905-723-3110   F: 905-723-9045</b> <b>E: <a href="mailto:oshawa@welldiagnostics.ca">oshawa@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Nuclear Cardiology, Nuclear Medicine</p>	<p>1105 Kingston Road, Building D, Suite 202 Pickering, ON L1V 1B5 Brookdale Centre, behind Shoppers Drug Mart, 2nd Floor</p> <p><b>T: 905-420-3068   F: 905-420-6057</b> <b>E: <a href="mailto:pickering@welldiagnostics.ca">pickering@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Mammography &amp; OBSP, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, near Dollarama and Pharmasave</p> <p><b>T: 416-690-9437   F: 416-690-9441</b> <b>E: <a href="mailto:scarborough@welldiagnostics.ca">scarborough@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Nuclear Cardiology, Bone Mineral Density, Ultrasound, X-ray</p>
THORNHILL	TORONTO BAY	TORONTO DAVISVILLE
<p>7241 Bathurst Street, Unit 12 Thornhill, ON L4J 3W1 North of Steeles in Chabad Gate Plaza, near Circle K</p> <p><b>T: 905-889-2400   F: 905-889-2455</b> <b>E: <a href="mailto:thornhill@welldiagnostics.ca">thornhill@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Bone Mineral Density, Ultrasound, X-ray, Immigration X-ray</p>	<p>790 Bay Street, Suite 716 Toronto, ON M5G 1N8 Southwest corner of Bay and College beside CIBC</p> <p><b>T: 416-260-9382   F: 416-260-2274</b> <b>E: <a href="mailto:toronto_bay@welldiagnostics.ca">toronto_bay@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Sonohysterogram, Twin Series, Ultrasound, X-ray, Biopsy (Thyroid), Immigration X-ray</p>	<p>1849 Yonge Street, Suite 207 &amp; 218 Toronto, ON M4S 1Y2 Medical &amp; Dental Centre south of Davisville</p> <p><b>T: 416-928-3467   F: 416-928-3502</b> <b>E: <a href="mailto:toronto_davisville@welldiagnostics.ca">toronto_davisville@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Nuclear Cardiology</p>
TORONTO KING	WHITBY	
<p>11 King Street West, Suite C-100 Toronto, ON M5H 4C7 Enter underground PATH at RSM Place &amp; take elevator to level C</p> <p><b>T: 416-864-1814   F: 416-864-1499</b> <b>E: <a href="mailto:toronto_king@welldiagnostics.ca">toronto_king@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Specialist Consultations, Cardiology, Nuclear Medicine, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 Whitby Mall at Dundas and Thicksom</p> <p><b>T: 905-430-3277   F: 905-240-7700</b> <b>E: <a href="mailto:whitby@welldiagnostics.ca">whitby@welldiagnostics.ca</a></b></p> <p><b>SERVICES:</b> Nuclear Cardiology, Nuclear Medicine</p>	



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