

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

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

Allergies: \_\_\_\_\_

**Diabetic:**  Yes  No If yes, list meds: \_\_\_\_\_

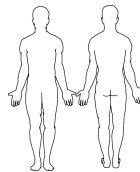
**Claustrophobia:**  Yes  No

Special Precautions: \_\_\_\_\_

Next Consultation Date: \_\_\_\_\_

Last Treatment Date: \_\_\_\_\_ Next Treatment Date: \_\_\_\_\_

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



**PET REGISTRY (CCO forms required)**

**BREAST CANCER**

- T2N1
- Oligometastatic (Distant metastatic) IDC

**PROSTATE CANCER**

- (Cohort 8) - PSMA PET form and eligibility checklist required

\*Please indicate sites of concern on the diagram above

**MULTIPLE MYELOMA/  
PLASMACYTOMA**

**PET in Immunotherapy for  
Metastatic Melanoma OR  
Merkel Cell Carcinoma**

- Staging  Response Assessment

**ROUTINE ONCOLOGY**

**ANAL CANAL CANCER**

- Initial staging of patients with clinical stage II-IV SCC of the anal canal
- Initial staging to clarify equivocal conventional imaging of patients with SCC of the anal canal, specify location(s) of interest for PET:
  - Ano-rectum  Lymph Nodes
  - Other (specify): \_\_\_\_\_
- Re-staging (limited recurrence) when further ablative therapy is being considered

**LYMPHOMA STAGING**

- Hodgkin's Lymphoma or Aggressive Non-Hodgkin's Lymphoma
- Indolent Lymphoma - where extent of disease will impact patient management

**CERVICAL CANCER (CCO form required)**

- Staging
- RECURRENT GYNECOLOGIC CANCER (CCO form required)**
- BLADDER CANCER** - Initial staging (CCO form required)
- PENILE CANCER** - Baseline staging

**BREAST CANCER (IDC)  
(TNM stage required)**

- Baseline staging
- Repeat post therapy, prior to surgery
- Re-staging for locoregional recurrence of IDC

**THYROID**

- Anaplastic staging
- Medullary - staging/recurrence

**HEAD & NECK**

- H&N Node positive cancer - staging
- H&N SCC - re-staging post chemotherapy

**PROSTATE**

- Ga 68 PSMA PET (Prep Phase3): Cohort - 0-6 (PSMA - PET req form and eligibility checklist required)

**MELANOMA**

- Staging
- Evaluation of isolated mets

**SARCOMA (Registry form required)**

**MESOTHELIOMA**

**INSURED (OHIP) SERVICES**

**SOLITARY PULMONARY NODULE**

- Failed biopsy attempt  Contraindication to biopsy
- Inaccessible to FNA

**NON-SMALL CELL LUNG CANCER**

- Stage:  I  II  IIIA  IIIB
- Baseline staging (new diagnosis)  Re-staging (locoregional recurrence)
- Staging (oligometastatic disease)

**SMALL CELL LUNG CANCER**

- Stage:  I  II  IIIA  IIIB

**THYROID CANCER**

- Recurrence, ↑ Thyroglobulin  
(Patient must withhold thyroid medications for 2 weeks OR have Thyrogen IM injections at approx. 24 and 48 hours prior to the test)

**GERM CELL TUMOURS**

- Recurrence  Seminoma (post treatment residual mass)

**COLORECTAL CANCER**

- Post-op recurrence and ↑ CEA
  - Elevated Biomarker: Value 1: \_\_\_\_\_ Value 2: \_\_\_\_\_
- Staging/restaging - apparent limited metastatic (e.g. organ restricted liver or lung metastases; or limited local recurrence)

**LYMPHOMA**

- Residual mass post therapy  NHL  Hodgkin's
- Assess Response (Hodgkin's only)

# of chemo cycles:  2  3

Date of end of last chemotherapy prior to PET: \_\_\_\_\_

**ESOPHAGEAL CANCER**

- Initial staging
- Repeat PET after pre-op/neoadjuvant treatment
- Re-staging (locoregional recurrence)

**HEAD AND NECK CANCER**

- Unknown head and neck primary
- Nasopharyngeal cancer staging

**ACCESS AND PRIVATE PAY**

- PROSTATE CANCER** – Ga 68 PSMA – Cohort 7 (PSMA – PET req form, eligibility checklist and PSMA PET Access form required)

- PET ACCESS** – Fax req and additional forms to 416-217-1327

**PRIVATE BILLING**

Indication: \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING:**

- Relevant consultation letters
- CT/MRI imaging reports
- Pathology/Biopsy reports

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

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

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

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

Date: \_\_\_\_\_

Copy To: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

- All our services require a scheduled appointment.
- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
- 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.

## PET/CT SCAN

- The evening before your scan, do not consume sugary drinks or foods, such as juice, soda, rice, pasta, white bread or baked goods.
- For the full day prior to your scan, choose higher protein foods, such as nuts, seeds, meat, poultry, fish, eggs, cheese, beans and vegetables.
- Discontinue vitamins, supplements and caffeine the evening before your scan. You may take your regular medications, unless they contain caffeine.
- Do not exercise for 12 hours prior to your scan and minimize your physical activity for the full day prior to your scan.
- Do not eat or drink anything other than plain water for 6 hours prior to your scan.
- Wear loose, comfortable layers of clothing that are free of metal buttons and zippers.

### SPECIAL INSTRUCTIONS FOR DIABETIC PATIENTS:

- These instructions apply to both insulin-dependent and non-insulin dependent patients.
- In order to acquire a good PET/CT scan for you, we REQUIRE your blood sugar level to be under or equal to 10.0 mmol/L (180.0 mg/dL). It is ideal to have a blood sugar level between 4.0 – 7.0 mmol/L for our test.
- DO NOT take your Insulin or diabetic medications (metformin, glyburide, glucophage, januvia, etc.) 4 hours prior to your appointment.
- DO NOT eat or drink anything 6 hours of your appointment. Drinking plain water is encouraged for your test.
- You will be requested to provide to 2 recent glucose readings when confirming your appointment.
- If you have a morning appointment, it is suggested that you fast overnight to keep your blood sugar level down the next morning.
- If you have trouble controlling your blood sugar level or have blood sugar readings typically above 10.0 mmol/L, please notify the clinic.

### Ga-68 PSMA ILLUCIX PET/CT SCAN INSTRUCTIONS:

- No dietary restrictions prior to scan.
- Drink water the morning of the exam: (2) 16 oz glasses of water 2 hours prior to the exam. Stay hydrated.
- No vigorous exercise 24 hours prior to your appointment.
- Wear comfortable clothes, with no buckles or metal.
- If you are claustrophobic, please consult with your physician and notify the PET/CT technologist upon your arrival. If you take or anticipate needing any medication, please bring the medication with you as our facility doesn't stock medications for this purpose.
- Due to radioactivity used during the exam, we discourage visitors younger than 5 years old.
- **Important Note:** This exam requires a special, time-sensitive medication ordered specifically for you. Please arrive on time as the medication may not be useable if you are late.
- Please allow 2 hours for your entire appointment.



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T: 416-572-1725 | F: 1-800-416-9840  
E: [mississauga\\_petct@welldiagnostics.ca](mailto:mississauga_petct@welldiagnostics.ca)

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- Prenatal Screening
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- Vascular Ultrasound
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