

☐ Brantford
☐ London Southdale

☐ Delhi
☐ London Wharncliffe

☐ London Arva
☐ Sarnia

☐ London Fanshawe
☐ Simcoe

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 ☐ Respiriologist☐ Dr. _____☐ Consult if Test Result is Positive/Abnormal**Please Attach:** Medications, Previous Tests, Family & Social History

CARDIOLOGY

☐ 12-Lead Electrocardiogram (Rest ECG)☐ Exercise Stress Test (GXT)☐ Holter Monitoring☐ 24 hrs ☐ 48 hrs ☐ 72 hrs☐ Other: _____☐ 24hr BP Monitor (Not insured by OHIP)☐ Pulmonary Function Testing - **Simcoe**☐ Pre & Post Spirometry☐ Full Pulmonary Function Test☐ Include Respiriologist Consult☐ Echocardiogram (Colour Doppler)☐ Contrast Echocardiogram☐ Chest pain suspicious of CAD☐ Congestive heart failure☐ Hypertension☐ Murmur☐ Palpitations/arrhythmias☐ Syncope☐ Other: _____

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

☐ Exercise ☐ Persantine☐ Dobutamine

VENTRICULAR FUNCTION

☐ Rest MUGA - **Simcoe**

X-RAY (WALK-IN SERVICE)

ABDOMINAL

☐ Single/KUB☐ Acute (Incl. PA chest)

CHEST

☐ Chest PA & LAT☐ Screening Chest X-ray
(Not insured by OHIP)☐ Ribs ☐ OR ☐ OL☐ Sternum☐ Chest Visa

HEAD & NECK

☐ Soft Tissue Neck☐ Skull☐ Sinuses
(Not insured by OHIP)☐ Facial Bones☐ Nose☐ Mandible☐ Orbits☐ T.M. Joints☐ Adenoids

LOWER EXTREMITIES

R L☐ Hip☐ Femur☐ Arthritic Knee
(Incl. contra-lateral)☐ Knee☐ Tib. & Fib.☐ Ankle☐ Foot☐ Calcaneus☐ Toe: 1 2 3 4 5

SPINE & PELVIS

☐ Cervical Spine☐ Thoracic Spine☐ Lumbar (L/S) Spine☐ Sacrum/Coccyx☐ S.I. Joints☐ Pelvis☐ Scoliosis Series

UPPER EXTREMITIES

R L☐ Shoulder☐ Clavicle☐ Sternoclavicular joints☐ A.C. Joint☐ Scapula☐ Humerus☐ Elbow☐ Forearm☐ Wrist☐ Scaphoid☐ Hand☐ Finger: 1 2 3 4 5

OTHER

☐ Skeletal Survey☐ Bone Age☐ 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

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 ☐ R ☐ L☐ Inguinal Canal ☐ R ☐ L☐ Testes/Scrotum☐ Soft Tissue/Lump

(specify site): _____

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)☐ Follicular Study

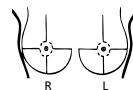
NEONATAL

☐ Hip (6 weeks-6 months)☐ Pyloric Stenosis (Birth-6 months)☐ Spine (Birth-4 months)

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) ☐ R ☐ L☐ Mammogram ☐ R ☐ L ☐ Implants☐ Mammogram & Bone Mineral Density
☐ R ☐ L ☐ Implants | ☐ Baseline ☐ Follow Up

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

BONE MINERAL DENSITY

☐ Baseline ☐ Follow Up

NUCLEAR MEDICINE (SIMCOE)

BONE SCAN

☐ Total Body ☐ Specific Site: _____

ENDOCRINE

☐ Thyroid Uptake & Scan☐ Parathyroid

GALLIUM

☐ Total Body ☐ Specific Site: _____

GASTROINTESTINAL

☐ Hepatobiliary Scan (HIDA)☐ Solid Gastric Emptying Scan☐ GI Bleeding Scan

RENAL

☐ Renal Scan with Differential Function☐ Lasix Renal☐ Captopril Renal

MISCELLANEOUS

☐ V/Q Lung Scan☐ Salivary Scan☐ Lacrimal Scan☐ Sentinel Node

PET/CT – Mississauga

☐ Visit 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

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BRANTFORD	DELHI	LONDON ARVA
<p>Brantford Medical Centre 40 Shellington Place, Suite 201 Brantford, ON N3S 0C5</p> <p>T: 519-805-3560 F: 519-805-3561 E: brantford@welldiagnostics.ca</p> <p>SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring</p>	<p>105 Main Street Delhi, ON N4B 2L8 Delhi Community Health Centre on Main Street, north of King Street</p> <p>T: 519-428-1243 F: 519-428-2445 E: delhi@welldiagnostics.ca</p> <p>SERVICES: Prenatal Screening, Ultrasound, Vascular Ultrasound</p>	<p>21589 Richmond Street Arva, ON N0M 1C0 Richmond Street, north of the London Masonville Mall</p> <p>T: 519-672-0070 F: 519-266-6739 E: london_arva@welldiagnostics.ca</p> <p>SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Prenatal Screening, Ultrasound</p>
LONDON FANSHAWE	LONDON SOUTHDAL	LONDON WHARNCLIFFE (CARDIOLOGY)
<p>1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 North London Medical Centre on Fanshawe just east of Hyde Park Road</p> <p>T: 519-439-5555 F: 519-266-2206 E: london_fanshawe@welldiagnostics.ca</p> <p>SERVICES: Specialist Consultations, Bone Mineral Density, Mammography & OBSP, Nuclear Cardiology, Pain Injection, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>510 Southdale Road East, Suite 103 London, ON N6E 0B2 Nixon Medical Centre at the corner of Nixon and Southdale Road</p> <p>T: 226-663-2933 F: 226-663-4561 E: london_southdale@welldiagnostics.ca</p> <p>SERVICES: Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>279 Wharncliffe Road North, Suite 209 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street</p> <p>T: 519-858-7476 F: 519-266-6739 E: london_wharncliffe_cardiology@welldiagnostics.ca</p> <p>SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring</p>
LONDON WHARNCLIFFE (RADIOLOGY)	SARNIA	SIMCOE
<p>279 Wharncliffe Road North, Suite 111 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street</p> <p>T: 519-661-0275 F: 519-661-0616 E: london_wharncliffe_radiology@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Mammography & OBSP, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service), Immigration X-ray</p>	<p>481 London Road, Suite B-101 Sarnia, ON N7T 4X3 Bluewater Medical Clinic beside the hospital</p> <p>T: 519-336-8110 F: 1-800-507-3880 E: sarnia@welldiagnostics.ca</p> <p>SERVICES: Specialist Consultations, Blood Pressure Monitoring, Bone Mineral Density, Mammography & OBSP, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Prenatal Screening, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>216 West Street, Suite 304 Simcoe, ON N3Y 1S8 West Street Health Centre at the corner of Queen and West Street</p> <p>T: 519-428-1243 F: 519-428-2445 E: simcoe@welldiagnostics.ca</p> <p>SERVICES: Specialist Consultations, Blood Pressure Monitoring, Bone Mineral Density, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Pulmonary Function Test, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>



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