

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: _____

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)
- ☐ Follicular Study

MUSCULOSKELETAL

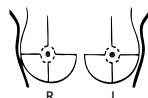
- R L**
- ☐ ☐ Shoulder
- ☐ ☐ Knee
- ☐ ☐ Achilles Tendon
- ☐ ☐ Other: _____

SMALL PARTS

- ☐ Salivary Glands
- ☐ Thyroid
- ☐ Chest
- ☐ Groin ○ R ○ L
- ☐ Inguinal Canal ○ R ○ L
- ☐ Testes/Scrotum
- ☐ Soft Tissue/Lump
(specify site): _____

BREAST

- R L**
- ☐ ☐ Targeted Breast Ultrasound**
(indicate quadrant on diagram)



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

SPECIALIST CONSULTATIONS (VIRTUAL)

- ☐ First Available: ○ Cardiologist ○ Internist

Indication(s) for consultation:

- Abnormal Exercise/Rest ECG
- Atypical (variant) Angina/SOBOE
- Typical Angina
- Rule out CAD (CRF with symptoms)
- Post M.I.
- Other: _____

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

CARDIOLOGY

- ☐ Echocardiogram (Colour Doppler)
 - Chest pain suspicious of CAD
 - Congestive Heart Failure
 - Hypertension
 - Other: _____
- Murmur
- Palpitations/Arrhythmias
- Syncope

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: _____

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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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- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
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- **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.

ULTRASOUND

ABDOMEN: No eating or drinking (smoking or chewing gum) for 8 hours before your appointment.

PELVIC: You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

ABDOMEN & PELVIC: No eating or drinking for 8 hours before your appointment. HOWEVER, you must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

OBSTETRIC: You must completely drink 34 oz (or 1 litre) of water 30 minutes before your appointment. **Do not empty your bladder before the examination.**

RENAL: No eating or drinking for 3 hours before your appointment.

RENAL & BLADDER: No eating or drinking for 2 hours before your appointment. Start drinking 34 oz (or 1 litre) of water 1.5 hours before your appointment and finish it 1 hour before your appointment. **Do not empty your bladder before the examination.**

OTHER: No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.

ULTRASOUND (CHILDREN AGES 0-17 YEARS)

ABDOMEN:

- **Under 2 Years:** No eating or drinking (except water) for 2 hours before your appointment.
- **Ages 2-4 Years:** No eating or drinking (except water) for 4 hours before your appointment.
- **Ages 5-12 Years:** No eating or drinking (except water) for 6 hours before your appointment.

PELVIC:

- **Under 3 Years:** Drink clear fluid without bubbles (such as water, apple juice, etc.).
- **Ages 3-6 Years:** Drink 16 oz. (2 cups) of water 30 minutes before your appointment.
- **Ages 7-11 Years:** Drink 24 oz. (3 cups) of water 45 minutes before your appointment.
- **Ages 12-17 Years:** Drink 32 oz. (4 cups) of water 1 hour before your appointment.

CARDIOLOGY

ECHOCARDIOGRAM: A cool sensation may be felt on the skin from the gel on the transducer, and a slight pressure of the transducer may be felt on your chest.



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For Northern Health Travel Grant: www.health.gov.on.ca/en/public/publications/ohip/northern.aspx

This requisition form can be submitted to any licensed Ontario healthcare facility, including hospitals and independent health facilities, such as those listed here: www.health.gov.on.ca