

- ☐ **Lindsay Kent (Previously K2 Cardiac Care)**
 Kent Place
 189 Kent Street West, Suite 215
 Lindsay, ON K9V 5C9
 T: 705-320-9998 | F: 705-320-7778

☐ **Lindsay Hospital (Previously MyHealth Centre)**
 Ross Memorial Hospital
 10 Angeline Street North, 3rd Floor
 Lindsay, ON K9V 4M8
 T: 705-328-6171 | F: 705-328-6172

Note: Patients will be booked accordingly at the appropriate location based on testing.

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:

ISOLATION PRECAUTIONS – FOR HOSPITAL PATIENTS

- ☐ Not Required
 ☐ Airborne
 ☐ Droplet
 ☐ Contact
 ☐ C Difficile

CARDIOLOGY CONSULTATIONS (VIRTUAL)

- ☐ First Available
☐ Dr. _____
☐ Consult if Test Result is Positive/Abnormal

Indication(s) for consultation:

- ☐ Abnormal Exercise/Rest ECG

☐ Rule out CAD (CRF with symptoms)

☐ Atypical (variant) Angina/SOBOE

☐ Post M.I.

☐ Typical Angina

☐ Other: _____

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

CARDIOLOGY TESTING

- ☐ 12-Lead Electrocardiogram (Rest ECG)
☐ Exercise Stress Test (GXT)
☐ Exercise Stress Test (GXT) with Cardiac Consult
☐ Holter Monitoring with 12-Lead Electrocardiogram (ECG):
 ☐ 24 hrs ☐ 48 hrs ☐ 72 hrs ☐ Other: _____
☐ 24hr BP Monitor (Not insured by OHIP)

Hospital Patients: Holter monitors worn by hospital patients are the responsibility of the medical floor. A late fee of \$20 or a replacement fee of \$1,000 will apply if the monitor is not returned at the scheduled time.

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

NUCLEAR CARDIOLOGY

- MYOCARDIAL PERFUSION**
 (no caffeine for 12hrs + fasting
 for 4hrs before test)
☐ Exercise
☐ Persantine

VENTRICULAR FUNCTION
☐ Rest MUGA

BONE MINERAL DENSITY

- ☐ Baseline
☐ Follow Up

Please bring a list of medications & supplements.

NUCLEAR MEDICINE
BONE SCAN

- ☐ Total Body
☐ Specific Site: _____

ENDOCRINE

- ☐ Thyroid Uptake & Scan
☐ Parathyroid

GALLIUM

- ☐ Total Body
☐ Specific Site: _____

PET/CT – Mississauga

- ☐ Visit **WELLdiagnostics.ca/Refer**
 for PET/CT requisition

GASTROINTESTINAL

- ☐ Hepatobiliary Scan (HIDA)
☐ Solid Gastric Emptying Scan
☐ GI Bleeding Scan
☐ Meckel's Scan

RENAL

- ☐ Renal Scan w/ Differential Function
☐ Lasix Renal
☐ Captopril Renal

OTHER

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

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**

- Save a picture of your signed requisition and bring your original signed copy with your Ontario health card to your appointment.
- All our services require a scheduled appointment.
- If you need to reschedule, please provide at least 24 hours' notice to avoid a no-show fee.
- We will send your diagnostic report to your referring healthcare provider who will follow-up with you. We can send it to additional healthcare providers upon your request.
- This requisition form can be submitted to any licensed Ontario healthcare facility, including hospitals and independent health facilities: Health.gov.on.ca

CARDIOLOGY

BLOOD PRESSURE MONITORING: Please wear a shirt/blouse with short or loose-fitting sleeves. Bring a list of all your current medications.

CARDIOLOGY CONSULTATION: Bring a list of all your current medications.

ECHOCARDIOGRAPHY: 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.

EXERCISE STRESS TEST: Discontinue erectile dysfunction medication for 1 week before your test. Bring a list of all your current medications.

Wear soft sole shoes and comfortable clothing. Test time: Approximately 30 minutes

HOLTER MONITORING: Please do not put any cream/lotion on your chest. Wear loose, comfortable clothing. Bring a list of all your current medications.

Please note: a shower/bath is not permitted during the recording period.

MYOCARDIAL PERFUSION: No caffeine or decaf. for 12 hours; Clear fluids only for 4 hours prior to test on both days; Diabetic patients may have a light meal 2 hours prior to test; No powder or cream on skin; Off erectile dysfunction medications for 48 hours.

Exercise: Off Beta-Blockers for 48 hours (only if instructed by doctor)

Persantine: Off Theodur/Theophylline for 48 hours (only if instructed by doctor)

Time: Day 1 – 2 hours, Day 2 – 1 hour

BONE MINERAL DENSITY

Wear pants without metal zippers or snaps. Bring list of current medications. Test time: 20 minutes

NUCLEAR MEDICINE

BONE SCAN: No restrictions. Test time: 1st visit – 15 minutes, return in 2.5 hours, 2nd visit – 1 hour

GALLIUM SCAN: No restrictions. Test time: Day 1 – 10 minutes, Day 2 – 1-2 hours

GASTRIC EMPTYING: Nothing by mouth overnight; Off opiates, prokinetics and antispasmodics for 48 hours (only if instructed by doctor). Test time: 4 hours

GI BLEED: Nothing by mouth for 6 hours. Test time: 2-3 hours

HEPATOBIILIARY SCAN (HIDA): Clear liquids only from midnight on; No pain medications for 4 hours. Test time: 2.5 hours

LUNG SCAN: No restrictions. Test time: 1 hour

MECKEL'S SCAN: Nothing by mouth overnight. Test time: 1 hour

MUGA SCAN: No caffeine for 4 hours. Test time: 45 minutes

PARATHYROID SCAN: No restrictions. Test time: 1st visit – 1 hour, return in 3 hours, 2nd visit – 1 hour

RENAL SCAN: Well hydrated (You may empty bladder); Bring list of current medications. Test time: 1 hour

RENAL SCAN WITH LASIX: Well hydrated (You may empty bladder); Bring list of current medications. Test time: 1.5 hours

RENAL SCAN WITH CAPTOPRIL: Well hydrated (You may empty bladder); Off ACEIs & ARBs for 72 hours (only if instructed by doctor); Nothing by mouth for 4 hours; Bring list of current medications. Test time: 2 hours

SALIVARY GLAND SCAN: No restrictions. Test time: 1 hour

THYROID UPTAKE & SCAN: Off thyroid replacement medications for 4 weeks; Off anti-thyroid medications for 4 days (only if instructed by doctor); Nothing by mouth for 2 hours on Day 2. Test time: Day 1 – 10 minutes, Day 2 – 1 hour

LINDSAY HOSPITAL	LINDSAY KENT
<p>Ross Memorial Hospital 10 Angeline Street North, 3rd Floor (Yellow Elevator) Lindsay, ON K9V 4M8 Ross Memorial Hospital at Angeline Street North and Kent Street West</p> <p>T: 705-328-6171 F: 705-328-6172 E: lindsay_hospital@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Exercise Stress Testing, Holter Monitoring, Nuclear Medicine, Nuclear Stress Testing</p>	<p>Kent Place 189 Kent Street West, Suite 215 Lindsay, ON K9V 5CG Kent Place at Kent Street West and Victoria Avenue South</p> <p>T: 705-320-9998 F: 705-320-7778 E: lindsay_kent@welldiagnostics.ca</p> <p>SERVICES: Blood Pressure Monitoring, Echocardiography, Echocardiography – Contrast, Echocardiography – Stress, Electrocardiography, Exercise Stress Testing, Holter Monitoring</p>



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