

REQUEST FOR EXAMINATION – GREATER TORONTO AREA

- Ajax Brampton Lindsay Milton Mississauga Newmarket North York Orangeville
 Oshawa Pickering Port Perry Scarborough Thornhill Toronto 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"/> Exercise Stress Test (GXT) <input type="checkbox"/> Holter Monitoring <input type="radio"/> 24 hrs <input type="radio"/> 48 hrs <input type="radio"/> 72 hrs <input type="radio"/> Other: _____ <input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP) <input type="checkbox"/> Pulmonary Function Testing (PFT) <input type="radio"/> Pre & Post Spirometry <input type="radio"/> Full Pulmonary Function Test <input type="radio"/> Include Respirology Consult	<input type="checkbox"/> Stress Echocardiogram <input type="checkbox"/> Echocardiogram (Colour Doppler) <input type="checkbox"/> Contrast Echocardiogram <input type="radio"/> Chest pain suspicious of CAD <input type="radio"/> CHF <input type="radio"/> Palpitations/Arrhythmias <input type="radio"/> Hypertension <input type="radio"/> Murmur <input type="radio"/> Syncope <input type="radio"/> Other: _____
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SLEEP DISORDERS

Consultation & Sleep Study
 Consultation Only Sleep Study Only

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine	VENTRICULAR FUNCTION <input type="checkbox"/> Rest MUGA
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X-RAY (WALK-IN SERVICE)

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

GENERAL ULTRASOUND

Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)
 Abdomen + Pelvis (Incl. reproductive organs)
 Female Pelvis (Incl. Transvaginal)
 Male Pelvis (Excl. Transrectal)
 Abdominal Aorta (including AAA Screen)
 Kidneys*
 Bladder*
 Hernia: Inguinal Abdominal
 Other: _____
 *Baseline abdominal ultrasound may be performed

OBSTETRICAL
EDC (Required): _____
 OB Series - Dating, Prenatal Screening, Anatomy
 Dating (< 16 weeks)
 Prenatal Screening (IPS/eFTS 11-13 weeks)
 Anatomy (18-20 weeks)
 Fetal Growth (30+ weeks):
 BPP UA Doppler MCA Doppler
 Follicle Monitoring

US GUIDED PROCEDURES

Biopsy – Thyroid FNA - Site Specific
 Sonohysterogram - Site Specific
 OTHER: _____

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): _____

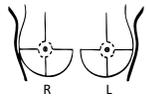
VASCULAR

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

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 <input type="checkbox"/> Baseline <input type="checkbox"/> Follow Up	PET/CT <input type="checkbox"/> PET/CT – Mississauga Visit WELLdiagnostics.ca/Refer for PET/CT requisition
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NUCLEAR MEDICINE

<input type="checkbox"/> Bone: _____ <input type="checkbox"/> Gallbladder <input type="checkbox"/> Gallium: _____ <input type="checkbox"/> GI Bleed <input type="checkbox"/> Gastric Emptying	<input type="checkbox"/> Hemangioma (RBC) <input type="checkbox"/> Hepatobiliary (HIDA) <input type="checkbox"/> Liver RES. <input type="checkbox"/> Lung <input type="checkbox"/> Meckel's	<input type="checkbox"/> Parathyroid <input type="checkbox"/> Renal: <input type="radio"/> Differential Function <input type="radio"/> Lasix <input type="radio"/> Captopril	<input type="checkbox"/> Salivary <input type="checkbox"/> Sentinel Node <input type="checkbox"/> Thyroid
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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

- All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
- 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.

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