

Huntsville Professional Building (near Huntsville District Memorial Hospital)  
 348 Muskoka District Road 3, Suite 202  
 Huntsville, ON P1H 1H8  
 T: 705-787-1491 | F: 705-789-9698 | E: huntsville@welldiagnostics.ca

**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 (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

**MUSCULOSKELETAL**

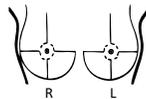
- R L**
- Shoulder
  - Knee
  - Achilles Tendon
  - Other: \_\_\_\_\_

**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  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**

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

**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](http://WELldiagnostics.ca/Access)

#### Important Information for Patients:

1. All services require an appointment, except X-ray, which is provided on a walk-in basis at select locations.
2. Minimum 24 hours' notice is required for all appointment changes to avoid a cancellation fee.
3. Ensure you are properly prepared for your appointment by reviewing our instructions at [WELLdiagnostics.ca/test-prep](https://www.well.ca/test-prep).
4. We will send the report to your referring healthcare provider – all results must be discussed with your referring practitioner. We can send it to additional healthcare providers upon your request.

This requisition form can be submitted to any licensed Ontario imaging facility, including hospitals and Integrated Community Health Services Centres: [Health.gov.on.ca](https://www.health.gov.on.ca)  
Northern Health Travel Grant: [Health.gov.on.ca/en/public/publications/ohip/northern.aspx](https://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx)

## 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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- ✓ Submit inquiry forms and satisfaction surveys
- ✓ Join our team