

- 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

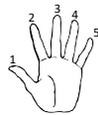
- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG) <input type="checkbox"/> Exercise Stress Test (GXT) <input type="checkbox"/> Holter Monitoring <ul style="list-style-type: none"> <input type="radio"/> 24 hrs <input type="radio"/> 48 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 - Simcoe <ul style="list-style-type: none"> <input type="radio"/> Pre & Post Spirometry <input type="radio"/> Full Pulmonary Function Test <input type="radio"/> Include Respirology Consult | <ul style="list-style-type: none"> <input type="checkbox"/> Echocardiogram (Colour Doppler) <input type="checkbox"/> Contrast Echocardiogram <ul style="list-style-type: none"> <input type="radio"/> Chest pain suspicious of CAD <input type="radio"/> Congestive heart failure <input type="radio"/> Hypertension <input type="radio"/> Murmur <input type="radio"/> Palpitations/arrhythmias <input type="radio"/> Syncope <input type="radio"/> Other: _____ |
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NUCLEAR CARDIOLOGY

- | | |
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| <p>MYOCARDIAL PERFUSION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine | <p>VENTRICULAR FUNCTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rest MUGA - Simcoe |
|---|---|

X-RAY (WALK-IN SERVICE)

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| <p>ABDOMINAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single/KUB <input type="checkbox"/> Acute (Incl. PA chest) <p>CHEST</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest PA & LAT <input type="checkbox"/> Screening Chest X-ray (Not insured by OHIP) <input type="checkbox"/> Ribs <input type="radio"/> OR <input type="radio"/> OL <input type="checkbox"/> Sternum <input type="checkbox"/> Chest Visa <p>HEAD & NECK</p> <ul style="list-style-type: none"> <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 | <p>LOWER EXTREMITIES</p> <p>R L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hip <input type="checkbox"/> Femur <input type="checkbox"/> Arthritic Knee (Incl. contra-lateral) <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 <p>SPINE & PELVIS</p> <ul style="list-style-type: none"> <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 | <p>UPPER EXTREMITIES</p> <p>R L</p> <ul style="list-style-type: none"> <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 <p>OTHER</p> <ul style="list-style-type: none"> <input type="checkbox"/> Skeletal Survey <input type="checkbox"/> Bone Age <input type="checkbox"/> Indicate: _____ |
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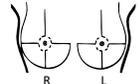


ULTRASOUND

- | | |
|---|--|
| <p>GENERAL ULTRASOUND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs) <input type="checkbox"/> Abdomen + Pelvis (Incl. reproductive organs) <input type="checkbox"/> Female Pelvis (Incl. Transvaginal) <input type="checkbox"/> Male Pelvis (Excl. Transrectal) <input type="checkbox"/> Abdominal Aorta (including AAA Screen) <input type="checkbox"/> Kidneys* <input type="checkbox"/> Bladder* <input type="checkbox"/> Hernia: <input type="radio"/> Inguinal <input type="radio"/> Abdominal <input type="checkbox"/> Other: _____ <p>*Baseline abdominal ultrasound may be performed</p> <p>OBSTETRICAL</p> <p>EDC (Required): _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> OB Series - Dating, Prenatal Screening, Anatomy <input type="checkbox"/> Dating (< 16 weeks) <input type="checkbox"/> Prenatal Screening (IPS/eFTS 11-13 weeks) <input type="checkbox"/> Anatomy (18-20 weeks) <input type="checkbox"/> Fetal Growth (30+ weeks): <ul style="list-style-type: none"> <input type="radio"/> BPP <input type="radio"/> UA Doppler <input type="radio"/> MCA Doppler <input type="checkbox"/> Follicle Monitoring <p>SMALL PARTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Salivary Glands <input type="checkbox"/> Thyroid <input type="checkbox"/> Chest <input type="checkbox"/> Groin <input type="radio"/> R <input type="radio"/> L <input type="checkbox"/> Inguinal Canal <input type="radio"/> R <input type="radio"/> L <input type="checkbox"/> Testes/Scrotum <input type="checkbox"/> Soft Tissue/Lump (specify site): _____ | <p>MUSCULOSKELETAL</p> <p>R L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Shoulder <input type="checkbox"/> Elbow <input type="checkbox"/> Wrist <input type="checkbox"/> Hip <input type="checkbox"/> Hamstring <input type="checkbox"/> Knee <input type="checkbox"/> Ankle/Achilles Tendon/Plantar Fascia (circle one above) <input type="checkbox"/> Other: _____ <p>NEONATAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hip (6 weeks-6 months) <input type="checkbox"/> Pyloric Stenosis (Birth-6 months) <input type="checkbox"/> Spine (Birth-4 months) <p>VASCULAR</p> <p>R L</p> <ul style="list-style-type: none"> <input type="checkbox"/> Venous - Lower Extremity (DVT) <input type="checkbox"/> Venous - Upper Extremity (DVT) <input type="checkbox"/> Venous - Lower Extremity (Reflux) <input type="checkbox"/> Arterial - Lower Extremity (ABI) <input type="checkbox"/> Arterial - Upper Extremity <input type="checkbox"/> Carotid <input type="checkbox"/> Renal Arteries <input type="checkbox"/> Portal Venous Doppler <input type="checkbox"/> OTHER: _____ |
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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

PET/CT

- PET/CT – Mississauga
- Visit WELLdiagnostics.ca/Refer for PET/CT requisition

NUCLEAR MEDICINE (SIMCOE)

- | | |
|---|---|
| <p>BONE SCAN</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Body <input type="checkbox"/> Specific Site: _____ <p>ENDOCRINE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thyroid Uptake & Scan <input type="checkbox"/> Parathyroid <p>GALLIUM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Body <input type="checkbox"/> Specific Site: _____ <p>GASTROINTESTINAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hepatobiliary Scan (HIDA) <input type="checkbox"/> Solid Gastric Emptying Scan <input type="checkbox"/> GI Bleeding Scan | <p>RENAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Renal Scan with Differential Function <input type="checkbox"/> Lasix Renal <input type="checkbox"/> Captopril Renal <p>MISCELLANEOUS</p> <ul style="list-style-type: none"> <input type="checkbox"/> V/Q Lung Scan <input type="checkbox"/> Salivary Scan <input type="checkbox"/> Sentinel Node |
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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

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.welldiagnostics.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)

<p>BRANTFORD</p> <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>DELHI</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: Ultrasound, Vascular Ultrasound</p>	<p>LONDON ARVA</p> <p>21589 Richmond Street Arva, ON NOM 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, Ultrasound</p>
<p>LONDON FANSHAWE</p> <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, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>LONDON SOUTHDALE</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: Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>LONDON WHARNCLIFFE (CARDIOLOGY)</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>
<p>LONDON WHARNCLIFFE (RADIOLOGY)</p> <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, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service), Immigration X-ray</p>	<p>SARNIA</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, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>	<p>SIMCOE</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, Mammography, Pulmonary Function Test, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</p>



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- ✓ Access reqs for sleep disorders, PET/CT and more
- ✓ Access your radiology images and results
- ✓ Get the latest news and insights
- ✓ Submit inquiry forms and satisfaction surveys
- ✓ Join our team