

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: _____

CARDIOLOGY & INTERNAL MEDICINE CONSULTATIONS

<p>CARDIOLOGY CONSULTATION</p> <p><input type="checkbox"/> First Available</p> <p><input type="checkbox"/> Dr. C. Hourtovenko</p> <p><input type="checkbox"/> Dr. J. Hilal</p> <p><input type="checkbox"/> Dr. D. Kearney</p>	<p>INTERNAL MEDICINE CONSULTATION</p> <p><input type="checkbox"/> First Available</p> <p><input type="checkbox"/> Dr. D. Kearney (Incl. Nephrology)</p>
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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

NUCLEAR CARDIOLOGY

<p>MYOCARDIAL PERFUSION</p> <p><input type="checkbox"/> Exercise</p> <p><input type="checkbox"/> Persantine</p>	<p>VENTRICULAR FUNCTION</p> <p><input type="checkbox"/> Rest MUGA</p>
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CARDIOLOGY

12-Lead Electrocardiogram (Rest ECG) - **No appointment necessary**

Exercise Stress Test (GXT)

Holter Monitoring with 12-Lead Electrocardiogram (ECG)

24 hrs 48 hrs 72 hrs Other: _____

24hr BP Monitor (Not insured by OHIP)

<p><input type="checkbox"/> Echocardiogram (Colour Doppler)</p> <p><input type="radio"/> Chest pain suspicious of CAD</p> <p><input type="radio"/> Congestive Heart Failure</p> <p><input type="radio"/> Hypertension</p> <p><input type="radio"/> Other: _____</p>	<p><input type="checkbox"/> Contrast Echocardiogram</p> <p><input type="radio"/> Murmur</p> <p><input type="radio"/> Palpitations/Arrhythmias</p> <p><input type="radio"/> Syncope</p>
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Bubble Study

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

CARDIOLOGY & INTERNAL MEDICINE CONSULTATIONS

Bring a list of all your current medications.

CARDIOLOGY

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. Total 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.

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

NUCLEAR CARDIOLOGY

1. Patient may have a light breakfast/lunch (e.g. toast, jam, fruit, juice, water) but do not to eat anything for 1 hour before your test.
2. Discontinue all caffeine products for 24 hours before your test. This includes all tea, coffee, decaffeinated tea/coffee, pop, chocolate, Tylenol 2 & 3 and/or medications containing caffeine.
3. Insulin-dependent diabetics should take their insulin and eat a light meal 1 hour before the test.
4. Wear loose fitting clothing (e.g. t-shirt, track pants, athletic shoes, etc.).
5. Bring a list of all your current medications. Check with your physician regarding the discontinuation of any heart medications (e.g. Beta-Blockers, such as Metoprolol or Atenolol, as well as Calcium Channel Blockers, such as Diltiazem or Verapamil).
6. Do not take erectile dysfunction medications (e.g. Viagra, Cialis, Levitra, etc.) for 48 hours before your test.

MYOCARDIAL PERFUSION IMAGING consists of 2 parts:

1. Rest Study - Takes approximately 1.5-2 hours and consists of an injection followed by imaging.
2. Stress Study - Takes approximately 2-2.5 hours and consists of a stress test, injection and imaging.

SUDBURY ELM (RADIOLOGY)	SUDBURY LARCH (CARDIOLOGY)
40 Elm Street, Suite 255 Sudbury, ON P3C 1S8 Elm Place at Elm and Notre Dame T: 705-673-2565 F: 705-673-4482 E: sudbury_elm_radiology@welldiagnostics.ca SERVICES: Bone Mineral Density, Mammography & OBSP, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Twin Series, Ultrasound, Vascular Ultrasound, X-ray (Coming Soon), Biopsy (Thyroid) Visit WELldiagnostics.ca/Refer for Radiology requisition.	65 Larch Street, Suites 402 & 407 Sudbury, ON P3E 1B8 Larch Medical Building at Larch and Durham T: 705-674-5030 F: 705-670-9348 E: sudbury_larch_cardiology@welldiagnostics.ca SERVICES: Blood Pressure Monitoring, Cardiology & IM Consultations, Echocardiography, Electrocardiography, Exercise Stress Testing, Holter Monitoring
SUDBURY LASALLE (RADIOLOGY)	SUDBURY LONG LAKE (RADIOLOGY)
1122 Lasalle Boulevard, Suite 107 Sudbury, ON P3A 1Y4 Balmoral Walk-in Clinic on Lasalle between Carmen and Attlee T: 705-560-1114 F: 705-560-7191 E: sudbury_lasalle@welldiagnostics.ca SERVICES: Prenatal Screening, Ultrasound, X-ray (Walk-in Service) Visit WELldiagnostics.ca/Refer for Radiology requisition.	2009 Long Lake Road, Suite 103 Sudbury, ON P3E 6C3 Four Corners Medical Arts Centre next to Shoppers Drug Mart. T: 705-523-1295 F: 705-523-2012 E: sudbury_longlake@welldiagnostics.ca SERVICES: Prenatal Screening, Ultrasound, X-ray (Walk-in Service) Visit WELldiagnostics.ca/Refer for Radiology requisition.



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