

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 (Printed On Health Card): _____

Preferred Full Name (If Different Than Above): _____

Date of Birth: _____ Health Card #: _____ Version: _____

Gender (Birth): _____ Preferred Gender (If Different from Birth): _____

Height (cm): _____ Weight (kg): _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

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)
- Screening Abdominal Aortic Aneurysm
- Renal*
- Bladder*
- Hernia: Inguinal Abdominal
- Other: _____
- *Baseline abdominal ultrasound may be performed

MUSCULOSKELETAL

- R L**
- Shoulder
- Elbow
- Wrist
- Hip
- Hamstring
- Knee
- Ankle
- Achilles Tendon
- Plantar Fascia
- Other: _____

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

SMALL PARTS

- Salivary Glands
- Thyroid
- Chest
- Groin R L
- Inguinal Canal R L
- Testes/Scrotum
- Soft Tissue/Lump (specify site): _____

US GUIDED PROCEDURES

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

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
- Aorta: _____

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

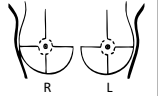
- | | |
|---|--|
| <p><input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG)</p> <p><input type="checkbox"/> Exercise Stress Test (GXT)</p> <p><input type="checkbox"/> Holter Monitoring</p> <p><input type="radio"/> 24 hrs <input type="radio"/> 48 hrs <input type="radio"/> 72 hrs</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP)</p> <p><input type="checkbox"/> Pulmonary Function Testing (PFT)</p> <p><input type="radio"/> Pre & Post Spirometry</p> <p><input type="radio"/> Full Pulmonary Function Test</p> <p><input type="radio"/> Include Respirology Consult</p> | <p><input type="checkbox"/> Stress Echocardiogram</p> <p><input type="checkbox"/> Echocardiogram (Colour Doppler)</p> <p><input type="checkbox"/> Contrast Echocardiogram</p> <p><input type="radio"/> Chest pain suspicious of CAD</p> <p><input type="radio"/> CHF <input type="radio"/> Palpitations/ Arrhythmias</p> <p><input type="radio"/> Hypertension <input type="radio"/> Murmur <input type="radio"/> Syncope</p> <p><input type="checkbox"/> Other: _____</p> |
|---|--|
- SLEEP DISORDERS**
- Consultation & Sleep Study
- Consultation Only Sleep Study Only

NUCLEAR CARDIOLOGY

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

MAMMOGRAPHY & BREAST IMAGING

- Targeted Breast Ultrasound (indicate quadrant on diagram) R L
- Mammogram R L Implants



BONE MINERAL DENSITY

- Baseline
- Follow Up

PET/CT

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

X-RAY (WALK-IN SERVICE)

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

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

- All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis at select locations.
- Minimum 24 hours' notice is required for all appointment changes to avoid a cancellation fee.
- Ensure you are properly prepared for your appointment by reviewing our instructions at WELLdiagnostics.ca/test-prep.
- We will send the report to your referring healthcare provider who will contact you to review your results. 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

<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</p> <p>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</p> <p>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>

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