

- Lindsay Kent (Previously K2 Cardiac Care)  
Kent Place  
189 Kent Street West, Suite 215  
Lindsay, ON K9V 5CG  
T: 705-320-9998 | F: 705-320-7778
- Lindsay Hospital (Previously MyHealth Centre)  
Ross Memorial Hospital  
10 Angeline Street North, 3<sup>rd</sup> Floor  
Lindsay, ON K9V 4M8  
T: 705-328-6171 | F: 705-328-6172

**Note:** Patients will be booked accordingly at the appropriate location based on testing.

**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:

**ISOLATION PRECAUTIONS – FOR HOSPITAL PATIENTS**

- Not Required  Airborne  Droplet  Contact  C Difficile

**CARDIOLOGY CONSULTATIONS (VIRTUAL)**

First Available  
 Dr. \_\_\_\_\_  
 Consult if Test Result is Positive/Abnormal

**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

**BONE MINERAL DENSITY**

Baseline  
 Follow Up

Please bring a list of medications & supplements.

**NUCLEAR MEDICINE**

<p><b>BONE SCAN</b></p> <p><input type="checkbox"/> Total Body  <input type="checkbox"/> Specific Site: _____</p> <p><b>ENDOCRINE</b></p> <p><input type="checkbox"/> Thyroid Uptake &amp; Scan  <input type="checkbox"/> Parathyroid</p> <p><b>GALLIUM</b></p> <p><input type="checkbox"/> Total Body  <input type="checkbox"/> Specific Site: _____</p> <p><b>RENAL</b></p> <p><input type="checkbox"/> Renal Scan w/ Differential Function  <input type="checkbox"/> Lasix Renal  <input type="checkbox"/> Captopril Renal</p>	<p><b>GASTROINTESTINAL</b></p> <p><input type="checkbox"/> Hepatobiliary Scan (HIDA)  <input type="checkbox"/> Solid Gastric Emptying Scan  <input type="checkbox"/> GI Bleeding Scan  <input type="checkbox"/> Meckel's Scan</p> <p><b>OTHER</b></p> <p><input type="checkbox"/> V/Q Lung Scan  <input type="checkbox"/> Sentinel Node  <input type="checkbox"/> Salivary Scan</p>
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**CARDIOLOGY TESTING**

12-Lead Electrocardiogram (Rest ECG)  
 Exercise Stress Test (GXT)  
 Exercise Stress Test (GXT) with Cardiac Consult  
 Holter Monitoring with 12-Lead Electrocardiogram (ECG):  
 24 hrs  48 hrs  72 hrs  Other: \_\_\_\_\_  
 24hr BP Monitor (Not insured by OHIP)

**Hospital Patients:** Holter monitors worn by hospital patients are the responsibility of the medical floor. A late fee of \$20 or a replacement fee of \$1,000 will apply if the monitor is not returned at the scheduled time.

**PET/CT**

PET/CT – Mississauga  
 Visit [WELLdiagnostics.ca/Refer](http://WELLdiagnostics.ca/Refer) for PET/CT requisition

**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)

**NUCLEAR CARDIOLOGY**

<p><b>MYOCARDIAL PERFUSION</b>                  (no caffeine for 12hrs + fasting for 4hrs before test)</p> <p><input type="checkbox"/> Exercise  <input type="checkbox"/> Persantine</p>	<p><b>VENTRICULAR FUNCTION</b></p> <p><input type="checkbox"/> Rest MUGA</p>
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**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](http://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](http://Health.gov.on.ca)

## CARDIOLOGY

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

**CARDIOLOGY CONSULTATION:** Bring a list of all your current medications.

**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. 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.

**MYOCARDIAL PERFUSION:** No caffeine or decaf. for 12 hours; Clear fluids only for 4 hours prior to test on both days; Diabetic patients may have a light meal 2 hours prior to test; No powder or cream on skin; Off erectile dysfunction medications for 48 hours.

**Exercise:** Off Beta-Blockers for 48 hours (only if instructed by doctor)

**Persantine:** Off Theodur/Theophylline for 48 hours (only if instructed by doctor)

Time: Day 1 – 2 hours, Day 2 – 1 hour

## BONE MINERAL DENSITY

Wear pants without metal zippers or snaps. Bring list of current medications. Test time: 20 minutes

## NUCLEAR MEDICINE

**BONE SCAN:** No restrictions. Test time: 1<sup>st</sup> visit – 15 minutes, return in 2.5 hours, 2<sup>nd</sup> visit – 1 hour

**GALLIUM SCAN:** No restrictions. Test time: Day 1 – 10 minutes, Day 2 – 1-2 hours

**GASTRIC EMPTYING:** Nothing by mouth overnight; Off opiates, prokinetics and antispasmodics for 48 hours (only if instructed by doctor). Test time: 4 hours

**GI BLEED:** Nothing by mouth for 6 hours. Test time: 2-3 hours

**HEPATOBIILIARY SCAN (HIDA):** Clear liquids only from midnight on; No pain medications for 4 hours. Test time: 2.5 hours

**LUNG SCAN:** No restrictions. Test time: 1 hour

**MECKEL'S SCAN:** Nothing by mouth overnight. Test time: 1 hour

**MUGA SCAN:** No caffeine for 4 hours. Test time: 45 minutes

**PARATHYROID SCAN:** No restrictions. Test time: 1<sup>st</sup> visit – 1 hour, return in 3 hours, 2<sup>nd</sup> visit – 1 hour

**RENAL SCAN:** Well hydrated (You may empty bladder); Bring list of current medications. Test time: 1 hour

**RENAL SCAN WITH LASIX:** Well hydrated (You may empty bladder); Bring list of current medications. Test time: 1.5 hour

**RENAL SCAN WITH CAPTOPRIL:** Well hydrated (You may empty bladder); Off ACEIs & ARBs for 72 hours (only if instructed by doctor); Nothing by mouth for 4 hours; Bring list of current medications. Test time: 2 hours

**SALIVARY GLAND SCAN:** No restrictions. Test time: 1 hour

**THYROID UPTAKE & SCAN:** Off thyroid replacement medications for 4 weeks; Off anti-thyroid medications for 4 days (only if instructed by doctor); Nothing by mouth for 2 hours on Day 2. Test time: Day 1 – 10 minutes, Day 2 – 1 hour

### LINDSAY HOSPITAL

Ross Memorial Hospital  
10 Angeline Street North, 3<sup>rd</sup> Floor (Yellow Elevator)  
Lindsay, ON K9V 4M8  
Ross Memorial Hospital at Angeline Street North and Kent Street West

**T: 705-328-6171 | F: 705-328-6172**  
**E: [lindsay\\_hospital@welldiagnostics.ca](mailto:lindsay_hospital@welldiagnostics.ca)**

**SERVICES:** Bone Mineral Density, Exercise Stress Testing, Holter Monitoring, Nuclear Medicine, Nuclear Stress Testing

### LINDSAY KENT

Kent Place  
189 Kent Street West, Suite 215  
Lindsay, ON K9V 5CG  
Kent Place at Kent Street West and Victoria Avenue South

**T: 705-320-9998 | F: 705-320-7778**  
**E: [lindsay\\_kent@welldiagnostics.ca](mailto:lindsay_kent@welldiagnostics.ca)**

**SERVICES:** Blood Pressure Monitoring, Echocardiography, Echocardiography – Contrast, Echocardiography – Stress, Electrocardiography, Exercise Stress Testing, Holter Monitoring



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or scan this QR code to:

- ✓ Find location services, hours, and directions
- ✓ Chat live and book appointments online
- ✓ Prepare for your test in 20+ languages
- ✓ 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