

REQUEST FOR EXAMINATION – X-RAY SERVICES FOR CHIROPRACTORS

- | | | | | | | |
|---------------------------------|---|--------------------------------------|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> London | <input type="checkbox"/> Milton | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Newmarket | <input type="checkbox"/> North York | <input type="checkbox"/> Pickering | <input type="checkbox"/> Port Perry |
| <input type="checkbox"/> Sarnia | <input type="checkbox"/> Sault Ste. Marie | <input type="checkbox"/> Scarborough | <input type="checkbox"/> Simcoe | <input type="checkbox"/> Sudbury | <input type="checkbox"/> Thornhill | <input type="checkbox"/> Toronto |

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Full Name (Printed On Health Card): _____
 Preferred Full Name (If Different Than Above): _____
 Date of Birth: _____
 Health Card #: _____ Version: _____
 Gender: _____ Preferred Gender (If Different from Birth): _____
 Height (cm): _____ Weight (kg): _____
 Address: _____
 City: _____ Prov.: _____ Postal Code: _____
 Cell Phone: _____ Alt. Phone: _____

Reason for Referral: _____ Report Required (Fee May Apply)

X-RAY (WALK-IN SERVICE)

- | | | | | |
|--|---|--|--|---|
| <p>CHEST</p> <p><input type="checkbox"/> Ribs OR <input type="checkbox"/> OL
 <input type="checkbox"/> Sternum</p> <p>HEAD & NECK</p> <p><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> | <p>SPINE & PELVIS</p> <p><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> | <p>LOWER EXTREMITIES</p> <p>R L</p> <p><input type="checkbox"/> Hip
 <input type="checkbox"/> Femur
 <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> | <p>UPPER EXTREMITIES</p> <p>R L</p> <p><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> | <p>OTHER</p> <p><input type="checkbox"/> Leg Lengths
 <input type="checkbox"/> Skeletal Survey
 <input type="checkbox"/> Indicate: _____</p> |
|--|---|--|--|---|



REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

Referring Provider: _____ (Print Name) _____ (Signature)
 Billing Provider #: _____ CCO #: _____
 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)

LONDON FANSHAWE 1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 North London Medical Centre on Fanshawe, just east of Hyde Park Road T: 519-439-5555 F: 519-266-2206 E: london_fanshawe@welldiagnostics.ca	LONDON SOUTHDAL 510 Southdale Road East, Suite 103 London, ON N6E 0B2 Nixon Medical Centre at the corner of Nixon and Southdale Road T: 226-663-2933 F: 226-663-4561 E: london_southdale@welldiagnostics.ca	LONDON WHARNCLIFFE (RADIOLOGY) 279 Wharncliffe Road North, Suite 111 London, ON N6H 2C2 Wharncliffe Health Centre, north of Oxford Street T: 519-661-0275 F: 519-661-0616 E: london_wharncliffe_radiology@welldiagnostics.ca
MILTON (RADIOLOGY) 480 Bronte Street South, Suite 212 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road T: 905-878-8831 F: 1-800-249-6284 E: milton_radiology@welldiagnostics.ca	MISSISSAUGA (RADIOLOGY) 2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital T: 905-828-0653 F: 905-828-0765 E: mississauga_radiology@welldiagnostics.ca	NEWMARKET (RADIOLOGY) 17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre T: 905-836-2626 F: 905-836-5043 E: newmarket_radiology@welldiagnostics.ca
NORTH YORK 4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 Northview Centre at Bathurst and Finch T: 416-223-5460 F: 416-223-8335 E: northyork@welldiagnostics.ca	PICKERING 1105 Kingston Road, Building D, Suite 202 Pickering, ON L1V 1B5 Brookdale Centre, behind Shoppers Drug Mart, 2 nd Fl. T: 905-420-3068 F: 905-420-6057 E: pickering@welldiagnostics.ca	SARNIA 481 London Road, Suite B-101 Sarnia, ON N7T 4X3 Bluewater Medical Clinic at Norman and London T: 519-336-8110 F: 1-800-507-3880 E: sarnia@welldiagnostics.ca
SAULT STE. MARIE 955 Queen Street East, Suite 50 Sault Ste. Marie, ON P6A 2C3 The Doctor's Building between the two hospitals T: 705-759-1144 F: 705-759-5978 E: ssm_queen@welldiagnostics.ca	SCARBOROUGH 462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, near Dollarama and Pharmasave T: 416-690-9437 F: 416-690-9441 E: scarborough@welldiagnostics.ca	SIMCOE 216 West Street, Suite 304 Simcoe, ON N3Y 1S8 West Street Health Centre at the corner of Queen and West Street T: 519-428-1243 F: 519-428-2445 E: simcoe@welldiagnostics.ca
SUDBURY LASALLE 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	SUDBURY LONG LAKE 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	THORNHILL 7241 Bathurst Street, Unit 12 Thornhill, ON L4J 3W1 North of Steeles in Chabad Gate Plaza, near Circle K T: 905-889-2400 F: 905-889-2455 E: thornhill@welldiagnostics.ca
TORONTO BAY 790 Bay Street, Suite 716 Toronto, ON M5G 1N8 Southwest corner of Bay and College beside CIBC T: 416-260-9382 F: 416-260-2274 E: toronto_bay@welldiagnostics.ca	TORONTO KING 11 King Street West, Suite C-100 Toronto, ON M5H 4C7 Yonge and King in the underground PATH T: 416-864-1814 F: 416-864-1499 E: toronto_king@welldiagnostics.ca	



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