WELL Health | DIAGNOSTIC CENTRES

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REQUEST FOR EXAMINATION – X-RAY SERVICES FOR CHIROPRACTORS

☐ London ☐ Milton ☐ Mississauga ☐ Newmarket ☐ North York ☐ Pickering ☐ Port Perry
☐ Sarnia ☐ Sault Ste. Marie ☐ Scarborough ☐ Simcoe ☐ Sudbury ☐ Thornhill ☐ 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)

CHEST
☐ Ribs ○R ○L
☐ Sternum

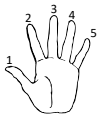
SPINE & PELVIS
☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar (L/S) Spine
☐ Sacrum/Coccyx
☐ S.I. Joints
☐ Pelvis
☐ Scoliosis Series

LOWER EXTREMITIES

R	L	
☐	☐	Hip
☐	☐	Femur
☐	☐	Knee
☐	☐	Tib. & Fib.
☐	☐	Ankle
☐	☐	Foot
☐	☐	Calcaneus
☐	☐	Toe: 1 2 3 4 5

UPPER EXTREMITIES

R	L	
☐	☐	Shoulder
☐	☐	Clavicle
☐	☐	Sternoclavicular Joints
☐	☐	A.C. Joint
☐	☐	Scapula
☐	☐	Humerus
☐	☐	Elbow
☐	☐	Forearm
☐	☐	Wrist
☐	☐	Scaphoid
☐	☐	Hand
☐	☐	Finger: 1 2 3 4 5



OTHER
☐ Leg Lengths
☐ Skeletal Survey
☐ Indicate: _____

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**.
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

LONDON FANSHAWE	LONDON SOUTHDALE	LONDON WHARNCLIFFE (RADIOLOGY)
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**	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**	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)	**MISSISSAUGA (RADIOLOGY)**	**NEWMARKET (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**	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**	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	**PICKERING**	**SARNIA**
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**	1105 Kingston Road, Building D, Suite 202 Pickering, ON L1V 1B5 Brookdale Centre, behind Shoppers Drug Mart, 2nd Fl. **T: 905-420-3068 | F: 905-420-6057** **E: pickering@welldiagnostics.ca**	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	**SCARBOROUGH**	**SIMCOE**
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**	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**	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 ELM	**SUDBURY LASALLE**	**SUDBURY LONG LAKE**
40 Elm Street, Suite 129 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**	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**	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	**TORONTO BAY**	**TORONTO KING**
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**	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**	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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