

REQUEST FOR EXAMINATION – MISSISSAUGA PET/CT

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: **URGENT**

Full Name (Printed On Health Card): _____

Preferred Full Name (If Different Than Above): _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Cell Phone: _____ Alt. Phone: _____

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

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

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

Allergies: _____

Diabetic: Yes No If yes, list meds: _____

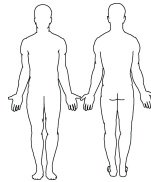
Claustrophobia: Yes No

Special Precautions: _____

Next Consultation Date: _____

Last Treatment Date: _____ Next Treatment Date: _____

Reason for Referral: _____



REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

Referring Provider: _____ (Print Name) _____ (Signature)

Billing Provider #: _____ CPSO #: _____

Tel #: _____ Fax #: _____

Date: _____

Copy To: _____ Fax #: _____

Report Delivery Preference: Fax HRM Other: _____

PLEASE INCLUDE THE FOLLOWING:

Relevant consultation letters CT/MRI imaging reports Pathology/Biopsy reports

INSURED (OHIP) SERVICES

SOLITARY PULMONARY NODULE

Failed biopsy attempt Contraindication to biopsy
 Inaccessible to FNA

NON-SMALL CELL LUNG CANCER

Stage: I II IIIA IIIB

Baseline staging (new diagnosis) Re-staging (locoregional recurrence)
 Staging (oligometastatic disease)

SMALL CELL LUNG CANCER

Stage: I II IIIA IIIB

THYROID CANCER

Recurrence, ↑ Thyroglobulin
(Patient must withhold thyroid medications for 2 weeks OR have Thyrogen IM injections at approx. 24 and 48 hours prior to the test)

GERM CELL TUMOURS

Recurrence Seminoma (post treatment residual mass)

COLORECTAL CANCER

Post-op recurrence and ↑ CEA
 Elevated Biomarker: Value 1: _____ Value 2: _____

Staging/restaging - apparent limited metastatic (e.g. organ restricted liver or lung metastases; or limited local recurrence)

LYMPHOMA

Residual mass post therapy NHL Hodgkin's
 Assess Response (Hodgkin's only)

of chemo cycles: 2 3

Date of end of last chemotherapy prior to PET: _____

ESOPHAGEAL CANCER

Initial staging
 Repeat PET after pre-op/neoadjuvant treatment
 Re-staging (locoregional recurrence)

HEAD AND NECK CANCER

Unknown head and neck primary
 Nasopharyngeal cancer staging

PET REGISTRY (CCO forms required)

BREAST CANCER

T2N1
 Oligometastatic (Distant metastatic) IDC

PET in Immunotherapy for Metastatic Melanoma OR Merkel Cell Carcinoma

Staging Response Assessment

*Please indicate sites of concern on the diagram above

LYMPHOMA

Interim Response Assessment for Stage I/II Non-Hodgkin Lymphoma
 Interim Treatment Response - Hodgkin Lymphoma

MULTIPLE MYELOMA/ PLASMACYTOMA

ROUTINE ONCOLOGY

ANAL CANAL CANCER

Initial staging of patients with clinical stage II-IV SCC of the anal canal
 Initial staging to clarify equivocal conventional imaging of patients with SCC of the anal canal, specify location(s) of interest for PET:
 Ano-rectum Lymph Nodes
 Other (specify): _____

Re-staging (limited recurrence) when further ablative therapy is being considered

CERVICAL CANCER - Staging (CCO form required)

RECURRENT GYNECOLOGIC CANCER (CCO form required)

PENILE CANCER - Baseline staging

PROSTATE (PSMA – PET req form and eligibility checklist required)

Initial staging
 Re-staging

BLADDER CANCER - Initial staging (CCO form required)

SARCOMA (Registry form required)

MESOTHELIOMA

PLEXIFORM NEUROFIBROMAS

BREAST CANCER (IDC) (TNM stage required)

Baseline staging
 Repeat post therapy, prior to surgery
 Re-staging for locoregional recurrence of IDC

THYROID

Anaplastic staging
 Medullary - staging/recurrence

HEAD & NECK

H&N Node positive cancer - staging
 H&N SCC - re-staging post chemotherapy

MELANOMA

Staging Evaluation of isolated mets

HISTIOCYTIC DISORDERS

Baseline staging
 End of therapy response assessment
 Re-staging

LYMPHOMA

Hodgkin's Lymphoma - Staging
 Aggressive Non-Hodgkin's or Indolent Lymphoma
 Lymphoproliferative Disorders - Staging
 Lymphoproliferative Disorders - End of Treatment Response - Residual Disease
 Castleman Disease

NEUROLOGY

AMYLOID (Amyloid – PET req form, eligibility checklist form required)
Visit WELldiagnostics.ca/Amyloid-PET or scan the QR code for Amyloid PET Requisition as well as the Mandatory Registry paperwork to process the request as required by Ontario Health



ACCESS AND PRIVATE PAY

PROSTATE CANCER – Ga 68 PSMA (PSMA – PET req form, eligibility checklist and PSMA PET Access form required)

PET ACCESS – Fax req and additional forms to 416-217-1327

PRIVATE BILLING – Indication: _____

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](https://www.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](https://www.health.gov.on.ca)

PET/CT SCAN

- The evening before your scan, do not consume sugary drinks or foods, such as juice, soda, rice, pasta, white bread or baked goods.
- For the full day prior to your scan, choose higher protein foods, such as nuts, seeds, meat, poultry, fish, eggs, cheese, beans and vegetables.
- Discontinue vitamins, supplements and caffeine the evening before your scan. You may take your regular medications, unless they contain caffeine.
- Do not exercise for 12 hours prior to your scan and minimize your physical activity for the full day prior to your scan.
- Do not eat or drink anything other than plain water for 6 hours prior to your scan.
- Wear loose, comfortable layers of clothing that are free of metal buttons and zippers.

SPECIAL INSTRUCTIONS FOR DIABETIC PATIENTS:

- These instructions apply to both insulin-dependent and non-insulin dependent patients.
- In order to acquire a good PET/CT scan for you, we REQUIRE your blood sugar level to be under or equal to 10.0 mmol/L (180.0 mg/dL). It is ideal to have a blood sugar level between 4.0 – 7.0 mmol/L for our test.
- DO NOT take your Insulin or diabetic medications (metformin, glyburide, glucophage, januvia, etc.) 4 hours prior to your appointment.
- DO NOT eat or drink anything 6 hours of your appointment. Drinking plain water is encouraged for your test.
- You will be requested to provide to 2 recent glucose readings when confirming your appointment.
- If you have a morning appointment, it is suggested that you fast overnight to keep your blood sugar level down the next morning.
- If you have trouble controlling your blood sugar level or have blood sugar readings typically above 10.0 mmol/L, please notify the clinic.

Ga-68 PSMA ILLUCIX PET/CT SCAN INSTRUCTIONS:

- No dietary restrictions prior to scan.
- Drink water the morning of the exam: (2) 16 oz glasses of water 2 hours prior to the exam. Stay hydrated.
- No vigorous exercise 24 hours prior to your appointment.
- Wear comfortable clothes, with no buckles or metal.
- If you are claustrophobic, please consult with your physician and notify the PET/CT technologist upon your arrival. If you take or anticipate needing any medication, please bring the medication with you as our facility doesn't stock medications for this purpose.
- Due to radioactivity used during the exam, we discourage visitors younger than 5 years old.
- **Important Note:** This exam requires a special, time-sensitive medication ordered specifically for you. Please arrive on time as the medication may not be useable if you are late.
- Please allow 2 hours for your entire appointment.



Credit Valley Professional Building
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Mississauga, ON L5M 2V8

T: 416-572-1725 | F: 1-800-416-9840

E: mississauga_petct@welldiagnostics.ca

Cardiology Services

- Blood Pressure Monitoring
- Cardiology Consultation
- Echocardiogram
- Electrocardiogram
- Exercise Stress Test
- Holter Monitoring
- Nuclear Cardiology
- Stress Echocardiogram

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- PET/CT
- Prenatal Screening
- Ultrasound
- Vascular Ultrasound
- X-ray (Walk-in Service)



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