WELL Health | DIAGNOSTIC CENTRES

ACCREDITED WITH EXEMPLARY STANDING — ACCREDITATION AGRÉMENT CANADA

CANADA'S BEST MANAGED COMPANIES

Great Place To Work.

Canada's Top Growing Companies — REPORT ON BUSINESS

CONSUMER CHOICE AWARD 2026 — GREATER TORONTO AREA

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:

SPECIALIST CONSULTATIONS

☐ First Available: ○ Cardiologist ○ Internist ○ Respirologist ○ Sleep Medicine
☐ Dr. _____
☐ Consult if Test Result is Positive/Abnormal

Please Attach: Medications, Previous Tests, Family & Social History

CARDIOLOGY

☐ 12-Lead Electrocardiogram (Rest ECG)
☐ Exercise Stress Test (GXT)
☐ Holter Monitoring:
○ 24 hrs ○ 48 hrs ○ 72 hrs
○ Other: _____
☐ 24hr BP Monitor (Not insured by OHIP)
☐ Pulmonary Function Testing (PFT):
○ Pre & Post Spirometry
○ Full Pulmonary Function Test
○ Include Respirology Consult

☐ Stress Echocardiogram:
☐ Echocardiogram (Colour Doppler):
☐ Contrast Echocardiogram:
○ Chest pain suspicious of CAD
○ CHF ○ Palpitations/ Arrhythmias
○ Hypertension ○ Syncope
○ Murmur
○ Other: _____

SLEEP DISORDERS

☐ Consultation & Sleep Study
☐ Consultation Only ☐ Sleep Study Only

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION

☐ Exercise ☐ Persantine ☐ Dobutamine

X-RAY (WALK-IN SERVICE)

ABDOMINAL
☐ Single/KUB
☐ Acute (Incl. PA chest)

CHEST
☐ Chest PA & LAT
☐ Ribs: ○R ○L
☐ Sternum
☐ Immigration Chest (Not insured by OHIP)

HEAD & NECK
☐ Soft Tissue Neck
☐ Skull
☐ Sinuses (Not insured by OHIP)
☐ Facial Bones
☐ Nose
☐ Mandible
☐ Orbits
☐ T.M. Joints
☐ Adenoids

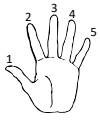
LOWER EXTREMITIES

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

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

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
☐ Skeletal Survey
☐ Bone Age
☐ Indicate: _____

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

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

US GUIDED PROCEDURES
☐ Biopsy – Thyroid FNA - Site Specific
☐ Sonohysterogram - Site Specific
☐ **OTHER:** _____

MUSCULOSKELETAL

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

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

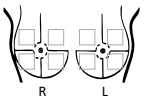
VASCULAR

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: _____

MAMMOGRAPHY & BREAST IMAGING

☐ Targeted Breast Ultrasound (indicate quadrant on diagram): ○ R ○ L
☐ Mammogram: ○ R ○ L ○ Implants



BONE MINERAL DENSITY

☐ Baseline
☐ Follow Up:
○ High Risk/Medically Necessary
○ Low/Medium Risk

PET/CT

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

NUCLEAR MEDICINE

☐ Bone: _____
☐ Gallbladder
☐ Gallium: _____
☐ GI Bleed
☐ Gastric Empyting
☐ Hemangioma (RBC)
☐ Hepatobiliary (HIDA)
☐ Liver RES.
☐ Lung
☐ Meckel's
☐ Liver RES.
☐ Parathyroid
☐ Renal:
○ Differential Function
○ Lasix
○ Captopril
☐ Salivary
☐ Sentinel Node
☐ Thyroid

VENTRICULAR FUNCTION
☐ Rest MUGA

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**

For location details, see the back of this form or visit **WELLdiagnostics.ca/Locations**. For test preparation, visit **WELLdiagnostics.ca/Test-Prep.**

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.

BRAMPTON CENTRE

31 Centre Street South
Brampton, ON L6W 2X7
South of Peel Memorial Centre

T: 905-455-3010 | F: 1-800-352-2050
E: brampton_centre@welldiagnostics.ca

SERVICES: Specialist Consultations, Cardiology, Pulmonary Function Test, Vascular Ultrasound

BRAMPTON CHRYSLER

470 Chrysler Drive, Unit 28
Brampton, ON L6S 0C1
Chrysler Drive Centre (Williams & Chrysler)

T: 905-791-3458 | F: 905-791-3460
E: brampton_chrysler@welldiagnostics.ca

SERVICES: Nuclear Cardiology

BRAMPTON (SLEEP DISORDERS)

480 Chrysler Drive, Unit 34
Brampton, ON L6S 0C1
Chrysler Drive Centre (Williams & Chrysler)

T: 905-790-8800 | F: 905-790-6008
E: brampton_sleep@welldiagnostics.ca

SERVICES: Sleep Consultations, Sleep Studies

Visit WELLdiagnostics.ca/Refer for Sleep requisition.

MILTON (CARDIOLOGY)

480 Bronte Street South, Suite 218
Milton, ON L9T 9A9
Milton Professional Centre, north of Derry Road

T: 905-878-8831 | F: 1-800-249-6284
E: milton_cardiology@welldiagnostics.ca

SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology

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

SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray

MISSISSAUGA (CARDIOLOGY)

2300 Eglinton Avenue West, Suite G01
Mississauga, ON L5M 2V8
Credit Valley Professional Building, beside hospital

T: 905-828-0653 | F: 1-800-249-6284
E: mississauga_cardiology@welldiagnostics.ca

SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology

MISSISSAUGA (RADIOLOGY)

2300 Eglinton Avenue West, Suite G02
Mississauga, ON L5M 2V8
Credit Valley Professional Building, beside hospital

T: 905-828-0653 | F: 1-800-249-6284
E: mississauga_radiology@welldiagnostics.ca

SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray, Biopsy (Thyroid), **Immigration X-ray**

MISSISSAUGA (PET/CT)

2300 Eglinton Avenue West, Suite G02
Mississauga, ON L5M 2V8
Credit Valley Professional Building, beside hospital

T: 416-572-1725 | F: 1-800-416-9840
E: mississauga_petct@welldiagnostics.ca

SERVICES: Cancer Screening

Visit WELLdiagnostics.ca/Refer for PET/CT requisition.

NEWMARKET (CARDIOLOGY)

17730 Leslie Street, Suite 106
Newmarket, ON L3Y 3E4
North of Davis Drive in the York Medical Health Centre

T: 905-952-3112 | F: 289-319-0415
E: newmarket_cardiology@welldiagnostics.ca

SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology, Pulmonary Function Test

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

SERVICES: Bone Mineral Density, Mammography & OBSP, Sonohysterogram, Ultrasound, Vascular Ultrasound, X-ray

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

SERVICES: Specialist Consultations, Cardiology, Bone Mineral Density, Mammography & OBSP, Ultrasound, X-ray, **Immigration X-ray**

ORANGEVILLE

229 Broadway, Unit 4
Orangeville, ON L9W 1K4
West of First Street across from Shell gas station

T: 519-943-0022 | F: 519-943-0045
E: orangeville@welldiagnostics.ca

SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology

OSHAWA

300 King Street West, Suite 201
Oshawa, ON L1J 2K1
Oshawa Professional Building west of Park Road

T: 905-723-3110 | F: 905-723-9045
E: oshawa@welldiagnostics.ca

SERVICES: Bone Mineral Density, Nuclear Cardiology

PICKERING

1105 Kingston Road, Building D, Suite 202
Pickering, ON L1V 1B5
Brookdale Centre, behind Shoppers Drug Mart, 2nd Floor

T: 905-420-3068 | F: 905-420-6057
E: pickering@welldiagnostics.ca

SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray

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

SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology, Bone Mineral Density, Ultrasound, X-ray

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

SERVICES: Bone Mineral Density, Ultrasound, X-ray, **Immigration X-ray**

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

SERVICES: Ultrasound, X-ray, **Immigration X-ray**

TORONTO DAVISVILLE

1849 Yonge Street, Suite 207 & 218
Toronto, ON M4S 1Y2
Medical & Dental Centre south of Davisville

T: 416-928-3467 | F: 416-928-3502
E: toronto_davisville@welldiagnostics.ca

SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology

TORONTO KING

11 King Street West, Suite C-100
Toronto, ON M5H 4C7
Enter underground PATH at RSM Place & take elevator to level C.

T: 416-864-1814 | F: 416-864-1499
E: toronto_king@welldiagnostics.ca

SERVICES: Specialist Consultations, Cardiology, Ultrasound, Vascular Ultrasound, X-ray

WHITBY

1615 Dundas Street East, Main Floor
Whitby, ON L1N 2L1
Whitby Mall at Dundas and Thickson

T: 905-430-3277 | F: 905-240-7700
E: whitby@welldiagnostics.ca

SERVICES: Nuclear Cardiology

Visit **WELLdiagnostics.ca** or scan this QR code to:

This requisition form can be submitted to any licensed Ontario healthcare facility, including hospitals and Integrated Community Health Services Centres: Health.gov.on.ca