

REQUEST FOR EXAMINATION – LINDSAY

- ☐ **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, 3rd 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
☐ Atypical (variant) Angina/SOBOE
☐ Typical Angina

☐ Rule out CAD (CRF with symptoms)
☐ Post M.I.
☐ Other: _____

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

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.

- ☐
- Echocardiogram (Colour Doppler):
-
- ☐
- Contrast Echocardiogram:
-
- ☐
- Stress Echocardiogram:
-
- ☐ Chest pain suspicious of CAD
☐ Congestive Heart Failure
☐ Hypertension
☐ Other: _____

☐ Murmur
☐ Palpitations/Arrhythmias
☐ Syncope

NUCLEAR CARDIOLOGY
MYOCARDIAL PERFUSION

(no caffeine for 12hrs + fasting for 4hrs before test)

- ☐
- Exercise
-
- ☐
- Persantine

BONE MINERAL DENSITY

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

NUCLEAR MEDICINE
BONE SCAN

- ☐
- Total Body
-
- ☐
- Specific Site: _____

ENDOCRINE

- ☐
- Thyroid Uptake & Scan
-
- ☐
- Parathyroid

GALLIUM

- ☐
- Total Body
-
- ☐
- Specific Site: _____

RENAL

- ☐
- Renal Scan w/ Differential Function
-
- ☐
- Lasix Renal
-
- ☐
- Captopril Renal

GASTROINTESTINAL

- ☐
- Hepatobiliary Scan (HIDA)
-
- ☐
- Solid Gastric Emptying Scan
-
- ☐
- GI Bleeding Scan
-
- ☐
- Meckel's Scan

VENTRICULAR FUNCTION

- ☐
- Rest MUGA

OTHER

- ☐
- V/Q Lung Scan
-
- ☐
- Sentinel Node
-
- ☐
- Salivary Scan

PET/CT

- ☐
- PET/CT – Mississauga
-
- Visit
- 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**

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.

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: 1st visit – 15 minutes, return in 2.5 hours, 2nd 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: 1st visit – 1 hour, return in 3 hours, 2nd 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, 3rd 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

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 5C6
Kent Place at Kent Street West and Victoria Avenue South

T: 705-320-9998 | F: 705-320-7778
E: lindsay_kent@welldiagnostics.ca

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



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- ✓ 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