WELL Health | DIAGNOSTIC CENTRES

REQUEST FOR EXAMINATION – SOUTHWESTERN ONTARIO

☐ Brantford ☐ Delhi ☐ London Arva ☐ London Fanshawe
☐ London Southdale ☐ London Wharncliffe ☐ Sarnia ☐ Simcoe

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 ○ Respirologist
☐ 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 - **Simcoe**:
○ Pre & Post Spirometry
○ Full Pulmonary Function Test
○ Include Respirology Consult

☐ Echocardiogram (Colour Doppler):
☐ Contrast Echocardiogram:
○ Chest pain suspicious of CAD
○ Congestive heart failure
○ Hypertension
○ Murmur
○ Palpitations/arrhythmias
○ Syncope
○ Other: _____

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION
☐ Exercise ☐ Persantine ☐ Dobutamine

X-RAY (WALK-IN SERVICE)

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

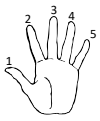
CHEST
☐ Chest PA & LAT
☐ Screening Chest X-ray (Not insured by OHIP)
☐ Ribs: ○R ○L
☐ Sternum
☐ Immigration Chest (Not insured by OHIP)

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
☐ ☐ Arthritic Knee (Incl. contra-lateral)
☐ ☐ 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

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

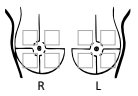
MUSCULOSKELETAL
R L
☐ ☐ Shoulder
☐ ☐ Elbow
☐ ☐ Wrist
☐ ☐ Hip
☐ ☐ Hamstring
☐ ☐ Knee
☐ ☐ Ankle
☐ ☐ Achilles Tendon
☐ ☐ Plantar Fascia
☐ ☐ Other: _____

NEONATAL
☐ Hip (6 weeks-6 months)
☐ Pyloric Stenosis (Birth-6 months)
☐ Spine (Birth-4 months)

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: _____
☐ **OTHER:** _____

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 (SIMCOE)

BONE SCAN
☐ Total Body ☐ Specific Site: _____

ENDOCRINE
☐ Thyroid Uptake & Scan
☐ Parathyroid

GALLIUM
☐ Total Body ☐ Specific Site: _____

GASTROINTESTINAL
☐ Hepatobiliary Scan (HIDA)
☐ Solid Gastric Emptying Scan
☐ GI Bleeding Scan

RENAL
☐ Renal Scan with Differential Function
☐ Lasix Renal
☐ Captopril Renal

VENTRICULAR FUNCTION
☐ Rest MUGA

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

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**.

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v08-04-2026

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.

BRANTFORD

Brantford Medical Centre
40 Shellington Place, Suite 201
Brantford, ON N3S 0C5

T: 519-805-3560 | F: 519-805-3561
E: brantford@welldiagnostics.ca

SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring

DELHI

105 Main Street
Delhi, ON N4B 2L8
Delhi Community Health Centre on Main Street, north of King Street

T: 519-428-1243 | F: 519-428-2445
E: delhi@welldiagnostics.ca

SERVICES: Ultrasound, Vascular Ultrasound

LONDON ARVA

21589 Richmond Street
Arva, ON N0M 1C0
Richmond Street, north of the London Masonville Mall

T: 519-672-0070 | F: 519-266-6739
E: london_arva@welldiagnostics.ca

SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Ultrasound

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

SERVICES: Specialist Consultations, Bone Mineral Density, Mammography & OBSP, Nuclear Cardiology, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)

LONDON SOUTHDALE

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

SERVICES: Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)

LONDON WHARNCLIFFE (CARDIOLOGY)

279 Wharncliffe Road North, Suite 209
London, ON N6H 2C2
Wharncliffe Health Centre, north of Oxford Street

T: 519-858-7476 | F: 519-266-6739
E: london_wharncliffe_cardiology@welldiagnostics.ca

SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring

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

SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service), **Immigration X-ray**

SARNIA

481 London Road, Suite B-101
Sarnia, ON N7T 4X3
Bluewater Medical Clinic beside the hospital

T: 519-336-8110 | F: 1-800-507-3880
E: sarnia@welldiagnostics.ca

SERVICES: Specialist Consultations, Blood Pressure Monitoring, Bone Mineral Density, Mammography & OBSP, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)

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

SERVICES: Specialist Consultations, Blood Pressure Monitoring, Bone Mineral Density, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Nuclear Cardiology, Nuclear Medicine, Mammography, Pulmonary Function Test, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)

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