

REQUEST FOR EXAMINATION (GREATER TORONTO AREA)

- ☐ Ajax ☐ Brampton ☐ Lindsay ☐ Markham ☐ 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: _____

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**

SPECIALIST SERVICES

CONSULTATIONS

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

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

RESPIROLOGY

- ☐ Full Pulmonary Function Test
☐ Pre & Post Spirometry
☐ Include Respirology Consult

SLEEP DISORDERS

- ☐ Sleep Study:
☐ Include Sleep Medicine Consult

CARDIOLOGY

- ☐ 12-Lead Electrocardiogram (Rest ECG)
☐ Exercise Stress Test (GXT)
☐ Holter Monitoring:
☐ 24 hrs ☐ 48 hrs ☐ 72 hrs
☐ Other: _____
☐ 24hr BP Monitor (Not OHIP-covered)
- ☐ Echocardiogram (Colour Doppler):
☐ Contrast Echocardiogram:
☐ Stress Echocardiogram:
☐ Chest pain suspicious of CAD
☐ CHF ☐ Palpitations/Arrhythmias
☐ Hypertension ☐ Syncope ☐ Murmur
☐ Other: _____

MYOCARDIAL PERFUSION IMAGING (MPI)

- ☐ Exercise ☐ Persantine ☐ Dobutamine

X-RAY (WALK-IN SERVICE)

ABDOMINAL

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

CHEST

- ☐ Chest PA & LAT
☐ Ribs: ☐ OR ☐ OL
☐ Sternum
☐ Immigration Chest
(Not OHIP-covered)

HEAD & NECK

- ☐ Soft Tissue Neck
☐ Skull
☐ Sinuses (Not OHIP-covered)
☐ 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

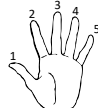
- ☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar (L/S) Spine
☐ Sacrum/Coccyx
☐ S.I. Joints
☐ Pelvis
☐ Scoliosis Series

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 (Incl. Transrectal)
☐ 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
☐ Twin Series (Site Specific)

US GUIDED PROCEDURES

- ☐ Biopsy – Thyroid FNA (Mississauga)
☐ Sonohysterogram (Newmarket)
☐ **OTHER:** _____

MUSCULOSKELETAL

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

SMALL PARTS

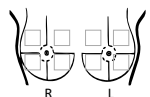
- ☐ Salivary Glands
☐ Thyroid
☐ Chest
☐ Groin: ☐ R ☐ L
☐ Inguinal Canal: ☐ R ☐ L
☐ Testes/Scrotum
☐ Soft Tissue/Lump (specify site): _____

VASCULAR

- R L**
☐ Venous - Lower Extremity (DVT)
☐ Venous - Upper Extremity (DVT)
☐ Venous - Lower Extremity (Reflux)
☐ Arterial - Lower Extremity (ABI)
☐ Arterial - Upper Extremity
☐ Carotid ☐ Portal Venous Doppler
☐ Renal Arteries ☐ Aorta: _____

MAMMOGRAPHY & BREAST IMAGING

- ☐ Targeted Breast Ultrasound (Indicate Quadrant on Diagram): ☐ R ☐ L
☐ Mammogram: ☐ R ☐ L ☐ Implants
☐ 3D-Automated Breast Ultrasound (Toronto York – Not OHIP-covered)



BONE MINERAL DENSITY

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

NUCLEAR MEDICINE

- ☐ Bone: _____
☐ Gallium: _____
☐ GI Bleed
☐ Gastric Emptying
☐ Hepatobiliary (HIDA)
☐ Lung
- ☐ Meckel's
☐ Parathyroid
☐ Renal:
☐ Differential Function
☐ Lasix
☐ Captopril
- ☐ Salivary
☐ Sentinel Node
☐ Thyroid
- VENTRICULAR FUNCTION**
☐ Rest MUGA

PET/CT

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



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.
- To schedule your appointment, call your nearest location below or chat live at [WELldiagnostics.ca](https://www.welldiagnostics.ca).
- If possible, e-mail your signed requisition to appt_req@welldiagnostics.ca and bring the original signed copy with your Ontario health card to your appointment.
- 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.

AJAX	BRAMPTON CENTRE	BRAMPTON CHRYSLER	BRAMPTON (SLEEP)	LINDSAY HOSPITAL
CorCare Specialists in Cardiac Care 95 Bayly Street West, Suite 305 Ajax, ON L1S 7K8 T: 416-284-4744 F: 416-284-0141 SERVICES: Specialist Consultations, Cardiology	31 Centre Street South Brampton, ON L6W 2X7 T: 905-455-3010 F: 1-800-352-2050 SERVICES: Specialist Consultations, Cardiology, Pulmonary Function Test, Vascular Ultrasound	470 Chrysler Drive, Unit 28 Brampton, ON L6S 0C1 T: 905-791-3458 F: 905-791-3460 SERVICES: Nuclear Cardiology	480 Chrysler Drive, Unit 34 Brampton, ON L6S 0C1 T: 905-790-8800 F: 905-790-6008 SERVICES: Sleep Consultations, Sleep Studies	10 Angeline Street North, 3rd Floor Lindsay, ON K9V 4M8 T: 705-328-6171 F: 705-328-6172 SERVICES: Bone Mineral Density, Cardiology, Nuclear Cardiology, Nuclear Medicine
LINDSAY KENT	MARKHAM	MILTON (CARDIOLOGY)	MILTON (RADIOLOGY)	MISSISSAUGA (CARDIOLOGY)
189 Kent Street West, Suite 215 Lindsay, ON K9V 5G6 T: 705-320-9998 F: 705-320-7778 SERVICES: Cardiology	6633 Highway 7 East, Suite 005 Markham, ON L3P 7P2 T: 905-294-4880 F: 905-472-6629 SERVICES: Bone Mineral Density, Ultrasound, Vascular Ultrasound, X-ray	480 Bronte Street South, Suite 218 Milton, ON L9T 9A9 T: 905-878-8831 F: 1-800-249-6284 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology	480 Bronte Street South, Suite 212 Milton, ON L9T 9A9 T: 905-878-8831 F: 1-800-249-6284 SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray	2300 Eglinton Avenue W., Suite G01 Mississauga, ON L5M 2V8 T: 905-828-0653 F: 1-800-249-6284 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology
MISSISSAUGA (RADIOLOGY)	MISSISSAUGA (PET/CT)	NEWMARKET (CARDIOLOGY)	NEWMARKET (RADIOLOGY)	NORTH YORK BATHURST
2300 Eglinton Avenue W., Suite G02 Mississauga, ON L5M 2V8 T: 905-828-0653 F: 1-800-249-6284 SERVICES: Biopsy (Thyroid), Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray, Immigration X-ray	2300 Eglinton Avenue W., Suite G02 Mississauga, ON L5M 2V8 T: 416-572-1725 F: 1-800-416-9840 SERVICES: PET/CT Cancer Screening	17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 T: 905-952-3112 F: 289-319-0415 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology, Pulmonary Function Test	17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 T: 905-836-2626 F: 905-836-5043 SERVICES: Mammography & OBSP, Sonohysterogram, Ultrasound, Vascular Ultrasound, X-ray	4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 T: 416-223-5460 F: 416-223-8335 SERVICES: Specialist Consultations, Cardiology, Bone Mineral Density, Mammography & OBSP, Ultrasound, X-ray, Immigration X-ray
NORTH YORK SHEPPARD	NORTH YORK WYNFORD	ORANGEVILLE	OSHAWA	PICKERING (CARDIOLOGY)
1333 Sheppard Avenue E., Suite 125 North York, ON M2J 1V1 T: 416-494-0030 F: 416-494-8611 SERVICES: Cardiology, Nuclear Cardiology	20 Wynford Drive, Suite 312 North York ON, M3C 1J4 T: 416-443-2626 F: 416-443-2611 SERVICES: Ultrasound, X-ray	229 Broadway, Unit 4 Orangeville, ON L9W 1K4 T: 519-943-0022 F: 519-943-0045 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology	300 King Street West, Suite 201 Oshawa, ON L1J 2K1 T: 905-723-3110 F: 905-723-9045 SERVICES: Bone Mineral Density, Nuclear Cardiology	CorCare Specialists in Cardiac Care 1105 Kingston Road, Building E, Suite 200A Pickering, ON L1V 1B5 T: 416-284-4744 F: 416-284-0141 SERVICES: Specialist Consultations, Cardiology
PICKERING (RADIOLOGY)	PORT PERRY	SCARBOROUGH MILNER	SCARBOROUGH BIRCHMOUNT	SCARBOROUGH ELLESMERE
1105 Kingston Road, Building D, Suite 202 Pickering, ON L1V 1B5 T: 905-420-3068 F: 905-420-6057 SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray	462 Paxton Street, Suite B07 Port Perry, ON L9L 1M1 T: 905-985-9727 F: 905-985-0479 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology, Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular US, X-ray	CorCare Specialists in Cardiac Care 325 Milner Avenue, Suite 410 Scarborough, ON M1B 5N1 T: 416-284-4744 F: 416-284-0141 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology, Nuclear Medicine	462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 T: 416-690-9437 F: 416-690-9441 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology, Bone Mineral Density, Ultrasound, X-ray	520 Ellesmere Road, Suite B15 Scarborough, ON M1R 4E6 T: 416-759-3462 F: 416-759-9237 SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, X-ray
SCARBOROUGH LAWRENCE	SCARBOROUGH MARKHAM RD.	THORNHILL	TORONTO BAY	TORONTO DANFORTH
3000 Lawrence Ave. E., Suite C-02 Scarborough, ON M1P 2V2 T: 416-438-6636 F: 416-438-6008 SERVICES: Cardiology, Vascular Ultrasound, Mammography & OBSP, Ultrasound, X-ray	1200 Markham Road, Suite 112 Scarborough, ON M1H 3C3 T: 416-439-4866 F: 416-439-5776 SERVICES: Bone Mineral Density, Ultrasound, X-ray	7241 Bathurst Street, Unit 12 Thornhill, ON L4J 3W1 T: 905-889-2400 F: 905-889-2455 SERVICES: Bone Mineral Density, Ultrasound, X-ray, Immigration X-ray	790 Bay Street, Suite 716 Toronto, ON M5G 1N8 T: 416-260-9382 F: 416-260-2274 SERVICES: Ultrasound, X-ray, Immigration X-ray	2494 Danforth Avenue, Suite 3A Toronto, ON M4C 1K9 T: 416-691-5071 F: 416-691-3349 SERVICES: Mammography & OBSP, Ultrasound, X-ray
TORONTO DAVISVILLE	TORONTO KING	TORONTO YORK	WHITBY	Visit WELldiagnostics.ca 
1849 Yonge Street, Suite 207 & 218 Toronto, ON M4S 1Y2 T: 416-928-3467 F: 416-928-3502 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology	11 King Street West, Suite C-100 Toronto, ON M5H 4C7 T: 416-864-1814 F: 416-864-1499 SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology, Ultrasound, Vascular Ultrasound, X-ray	Toronto Centre for Medical Imaging 150 York Street, Suite 910 Toronto, ON M5H 3S5 T: 416-368-8488 F: 416-368-5217 SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, 3D-Automated Breast US, X-ray	1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 T: 905-430-3277 F: 905-240-7700 SERVICES: Nuclear Cardiology	