

REQUEST FOR EXAMINATION (SOUTHWESTERN ONTARIO)

- ☐ Brantford
☐ London Wharncliffe
- ☐ Delhi
☐ Sarnia
- ☐ London Arva
☐ Simcoe
- ☐ London Fanshawe
☐ St. Thomas
- ☐ London Southdale
☐ Woodstock

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 ☐ Respiriologist
☐ Dr. _____
☐ Consult if Test Result is Positive/Abnormal

RESPIROLOGY (SIMCOE)

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

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

NUCLEAR STRESS TEST (MYOCARDIAL PERFUSION IMAGING)

- ☐ Exercise ☐ Persantine ☐ Dobutamine

X-RAY (WALK-IN SERVICE)

ABDOMINAL

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

CHEST

- ☐ Chest PA & LAT
☐ Screening Chest X-ray (Not OHIP-covered)
☐ 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
☐ Arthritic Knee (Incl. contra-lateral)
☐ Knee
☐ Tib. & Fib.
☐ Ankle
☐ Foot
☐ Calcaneus
☐ Toe: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SPINE & PELVIS

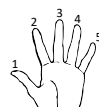
- ☐ Cervical Spine
☐ Thoracic Spine
☐ Lumbar (L/S) Spine
☐ Sacrum/Coccyx
☐ S.I. Joints
☐ Pelvis
☐ Scoliosis Series

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

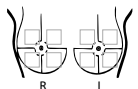
- ☐ Hip (6 weeks-6 months)
☐ Pyloric Stenosis (Birth-6 months)
☐ Spine (Birth-4 months)

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

NUCLEAR MEDICINE (SIMCOE)

- ☐ 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.

BRANTFORD	DELHI	LONDON ARVA
Brantford Medical Centre 40 Shellington Place, Suite 201 Brantford, ON N3S 0C5 T: 519-805-3560 F: 519-805-3561 E: brantford_req@welldiagnostics.ca SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring	Delhi Community Health Centre 105 Main Street Delhi, ON N4B 2L8 T: 519-428-1243 F: 519-428-2445 E: delhi_req@welldiagnostics.ca SERVICES: Ultrasound, Vascular Ultrasound	21589 Richmond Street Arva, ON N0M 1C0 North of the London Masonville Mall T: 519-672-0070 F: 519-266-6739 E: london_arva_req@welldiagnostics.ca SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring, Ultrasound
LONDON FANSHAWE	LONDON SOUTHDAL	LONDON WHARNCLIFFE (CARDIOLOGY)
North London Medical Centre 1055 Fanshawe Park Road West, Suite 301 London, ON N6G 5B4 T: 519-439-5555 F: 519-266-2206 E: london_fanshawe_req@welldiagnostics.ca SERVICES: Specialist Consultations, Bone Mineral Density, Mammography & OBSP, Nuclear Cardiology, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)	Nixon Medical Centre 510 Southdale Road East, Suite 103 London, ON N6E 0B2 T: 226-663-2933 F: 226-663-4561 E: london_southdale_req@welldiagnostics.ca SERVICES: Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)	Wharncliffe Health Centre 279 Wharncliffe Road North, Suite 209 London, ON N6H 2C2 T: 519-858-7476 F: 519-266-6739 E: london_wharncliffe_cardiology_req@welldiagnostics.ca SERVICES: Specialist Consultations, Blood Pressure Monitoring, Contrast Echo, Echocardiogram, Electrocardiogram, Exercise Stress Test, Holter Monitoring
LONDON WHARNCLIFFE (RADIOLOGY)	SARNIA	SIMCOE
Wharncliffe Health Centre 279 Wharncliffe Road North, Suite 111 London, ON N6H 2C2 T: 519-661-0275 F: 519-661-0616 E: london_wharncliffe_radiology_req@welldiagnostics.ca SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service), Immigration X-ray	Bluewater Medical Clinic 481 London Road, Suite B-101 Sarnia, ON N7T 4X3 T: 519-336-8110 F: 1-800-507-3880 E: sarnia_req@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)	West Street Health Centre 216 West Street, Suite 206 & 304 Simcoe, ON N3Y 1S8 T: 519-428-1243 F: 519-428-2445 E: simcoe_req@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)
ST. THOMAS	WOODSTOCK	
St. Thomas Family Health Centre 230 First Avenue, Suite 204 St. Thomas, ON N5R 5X6 T: 519-631-6437 F: 519-631-9991 E: st_thomas_req@welldiagnostics.ca SERVICES: Bone Mineral Density, Ultrasound, X-ray (Walk-in Service)	200 Montclair Drive, Unit 4B Woodstock, ON N4V 1B9 T: 519-539-8888 F: 519-539-9990 E: woodstock_req@welldiagnostics.ca SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)	



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