

**PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)**

Check if Applicable:  **URGENT**

Full Name (Birth): \_\_\_\_\_

Preferred Full Name (If Different from Birth): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Version: \_\_\_\_\_

Gender (Birth): \_\_\_\_\_ Preferred Gender (If Different from Birth): \_\_\_\_\_

Height (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Reason for Referral:

**ULTRASOUND**

**GENERAL ULTRASOUND**

- Abdomen + Pelvis (Incl. reproductive organs)
- Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)
- Kidneys\*
- Bladder
- Hernia (specify site): \_\_\_\_\_
- Other: \_\_\_\_\_

\*Baseline abdominal ultrasound may be performed

**PELVIS**

- Female Pelvis (Incl. Transvaginal)
- Male Pelvis (Excl. Transrectal)

**OBSTETRICAL**

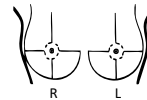
- EDC (Required):** \_\_\_\_\_
- Dating (< 16 weeks)
  - Prenatal Screening (IPS/eFTS 11-14 weeks)
  - Anatomy (18-20 weeks)
  - Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)
  - Fetal Growth (30+ weeks)
    - BPP  UA Doppler  MCA Doppler
  - Biophysical Profile (BPP)
  - Follicular Study

**SMALL PARTS**

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

**BREAST**

- R L**
- Targeted Breast Ultrasound\*\* (indicate quadrant on diagram)



\*\*Breast ultrasound is not used for screening purposes. Mammogram/OBSP is recommended.

**MUSCULOSKELETAL**

- R L**
- Shoulder
  - Knee
  - Achilles Tendon
  - Other: \_\_\_\_\_

**REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)**

Referring Provider: \_\_\_\_\_ (Print Name)

Billing Provider #: \_\_\_\_\_

Tel #: \_\_\_\_\_

Date: \_\_\_\_\_

Copy To: \_\_\_\_\_

Report Delivery Preference:  Fax  HRM  Other: \_\_\_\_\_

Access your patient radiology reports at [WELLdiagnostics.ca/Access](http://WELLdiagnostics.ca/Access)

\_\_\_\_\_ (Signature)

CPSO #: \_\_\_\_\_

Fax #: \_\_\_\_\_

MyHealth is now WELL Health Diagnostic Centres. We're the same team with a new name, providing the highest standard of accredited patient care!

- All our services require a scheduled appointment.
- Please provide at least 24 hours' notice if you need to reschedule your appointment to avoid a no-show fee.
- For location details, or to chat live and book your appointment online, please visit [WELLdiagnostics.ca/Locations](https://www.wellhealthdiagnostics.ca/locations).
- We will send your diagnostic report to your referring HP (healthcare provider), who will follow-up with you. We can send it to additional HPs upon your request.

## ULTRASOUND

**ABDOMEN:** No eating or drinking (smoking or chewing gum) for 8 hours before your appointment.

**PELVIC:** You must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**ABDOMEN & PELVIC:** No eating or drinking for 8 hours before your appointment. HOWEVER, you must completely drink 34 oz (or 1 litre) of water 1 hour before your appointment. **Do not empty your bladder before the examination.**

**OBSTETRIC:** You must completely drink 34 oz (or 1 litre) of water 30 minutes before your appointment. **Do not empty your bladder before the examination.**

**RENAL:** No eating or drinking for 3 hours before you appointment.

**RENAL & BLADDER:** No eating or drinking for 2 hours before your appointment. Start drinking 34 oz (or 1 litre) of water 1.5 hours before your appointment and finish it 1 hour before your appointment. **Do not empty your bladder before the examination.**

**OTHER:** No preparation required for the following exams: Thyroid, Breast, Scrotum, Extremity and Vascular Ultrasound.

## ULTRASOUND (CHILDREN AGES 0-17 YEARS)

### ABDOMEN:

- **Under 2 Years:** No eating or drinking (except water) for 2 hours before your appointment.
- **Ages 2-4 Years:** No eating or drinking (except water) for 4 hours before your appointment.
- **Ages 5-12 Years:** No eating or drinking (except water) for 6 hours before your appointment.

### PELVIC:

- **Under 3 Years:** Drink clear fluid without bubbles (such as water, apple juice, etc.).
- **Ages 3-6 Years:** Drink 16 oz. (2 cups) of water 30 minutes before your appointment.
- **Ages 7-11 Years:** Drink 24 oz. (3 cups) of water 45 minutes before your appointment.
- **Ages 12-17 Years:** Drink 32 oz. (4 cups) of water 1 hour before your appointment.



Visit [WELLdiagnostics.ca](https://www.wellhealthdiagnostics.ca)  
or scan this QR code to:

- ✓ Find location services, hours, and directions
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- ✓ Access your radiology images and results
- ✓ Get the latest news and insights
- ✓ Submit inquiry forms and satisfaction surveys
- ✓ Join our team

For Northern Health Travel Grant: [www.health.gov.on.ca/en/public/publications/ohip/northern.aspx](https://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx)

This requisition form can be submitted to any licensed Ontario healthcare facility, including hospitals and independent health facilities, such as those listed here: [www.health.gov.on.ca](https://www.health.gov.on.ca)