

**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: \_\_\_\_\_ Preferred Gender (if Different from Birth): \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Diabetic:  Yes  No If yes, list meds: \_\_\_\_\_

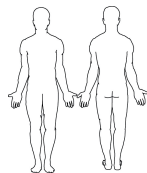
Claustrophobia:  Yes  No

Special Precautions: \_\_\_\_\_

Next Consultation Date: \_\_\_\_\_

Last Treatment Date: \_\_\_\_\_ Next Treatment Date: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_



**INSURED (OHIP) SERVICES**

**SOLITARY PULMONARY NODULE**

- Failed biopsy attempt
- Contraindication to biopsy
- Inaccessible to FNA

**NON-SMALL CELL LUNG CANCER**

- Stage:  I  II  IIIA  IIIB

**SMALL CELL LUNG CANCER**

- Stage:  I  II  IIIA  IIIB

**THYROID CANCER**

- Recurrence, ↑ thyroglobulin

**GERM CELL TUMOURS**

- Recurrence

**COLORECTAL CANCER**

- Post-op recurrence and ↑ CEA
  - Elevated Biomarker: Value 1: \_\_\_\_\_ Value 2: \_\_\_\_\_
- Staging/restaging - apparent limited metastatic (e.g. organ restricted liver or lung metastases; or limited local recurrence)

**LYMPHOMA**

- Residual mass post therapy  NHL  Hodgkin's
- Assess Response (Hodgkin's only)

# of chemo cycles:  2  3

Date of end of last chemotherapy prior to PET: \_\_\_\_\_

**ESOPHAGEAL CANCER**

- Initial staging
- Repeat PET after pre-op/neoadjuvant treatment
- Re-staging (locoregional recurrence)

**HEAD AND NECK CANCER**

- Unknown primary
- Nasopharyngeal cancer staging

**ACCESS AND PRIVATE PAY**

- PET ACCESS – Fax req and additional forms to 416-217-1327
- PRIVATE BILLING  
Indication: \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING:**

- Relevant consultation letters
- CT/MRI imaging reports
- Pathology/Biopsy reports

**PET REGISTRY**

- ANAL CANAL CANCER (Registry forms required)
  - MULTIPLE MYELOMA/PLASMACYTOMA (Registry forms required)
  - SARCOMA (Registry forms required)
- MELANOMA:**
- Staging
  - Evaluation of isolated met
- PET in Immunotherapy for Metastatic Melanoma (CCO form required):**
- Staging
  - Response Assessment
- PROSTATE CANCER**  
**Ga 68 PSMA PET (Prep Phase 3):**
- Cohort – 0-6 (PSMA – PET req form and eligibility checklist required)
  - Cohort – 8 (Registry indication, PET Centre & MD Post scan data required)
- LYMPHOMA STAGING (Registry forms required):**
- Staging of Hodgkin's or NHL being treated with curative intent
  - Staging of limited stage nodal follicular lymphoma & other indolent NHLs for curative radiation therapy

\*Please indicate sites of concern on the diagram above

**EXPEDITED ACCESS (CCO forms required)**

- HEAD & NECK**
  - H&N Node positive cancer - staging
  - H&N SCC - re-staging post chemotherapy
- THYROID**
  - Anaplastic staging
  - Medullary - staging/recurrence
- BREAST CANCER**
  - Baseline staging
  - Repeat post therapy, prior to surgery
  - Re-staging
- CERVICAL CANCER**
  - Staging
  - Recurrent gynecological cancers - prior to salvage therapy
- PROSTATE**
  - Ga 68 PSMA – Cohort 7 (PSMA – PET req form, eligibility checklist and PSMA PET Access form required)
- BLADDER CANCER - Initial staging
- MESOTHELIOMA

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

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

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

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

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

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

Copy To: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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.welldiagnostics.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.

## PET/CT SCAN

- The evening before your scan, do not consume sugary drinks or foods, such as juice, soda, rice, pasta, white bread or baked goods.
- For the full day prior to your scan, choose higher protein foods, such as nuts, seeds, meat, poultry, fish, eggs, cheese, beans and vegetables.
- Discontinue vitamins, supplements and caffeine the evening before your scan. You may take your regular medications, unless they contain caffeine.
- Do not exercise for 12 hours prior to your scan and minimize your physical activity for the full day prior to your scan.
- Do not eat or drink anything other than plain water for 6 hours prior to your scan.
- Wear loose, comfortable layers of clothing that are free of metal buttons and zippers.

### SPECIAL INSTRUCTIONS FOR DIABETIC PATIENTS:

- These instructions apply to both insulin-dependent and non-insulin dependent patients.
- In order to acquire a good PET/CT scan for you, we REQUIRE your blood sugar level to be under or equal to 10.0 mmol/L (180.0 mg/dL). It is ideal to have a blood sugar level between 4.0 – 7.0 mmol/L for our test.
- DO NOT take your Insulin or diabetic medications (metformin, glyburide, glucophage, januvia, etc.) 4 hours prior to your appointment.
- DO NOT eat or drink anything 6 hours of your appointment. Drinking plain water is encouraged for your test.
- You will be requested to provide to 2 recent glucose readings when confirming your appointment.
- If you have a morning appointment, it is suggested that you fast overnight to keep your blood sugar level down the next morning.
- If you have trouble controlling your blood sugar level or have blood sugar readings typically above 10.0 mmol/L, please notify the clinic.

### Ga-68 PSMA ILLUCIX PET/CT SCAN INSTRUCTIONS:

- No dietary restrictions prior to scan.
- Drink water the morning of the exam: (2) 16 oz glasses of water 2 hours prior to the exam. Stay hydrated.
- No vigorous exercise 24 hours prior to your appointment.
- Wear comfortable clothes, with no buckles or metal.
- If you are claustrophobic, please consult with your physician and notify the PET/CT technologist upon your arrival. If you take or anticipate needing any medication, please bring the medication with you as our facility doesn't stock medications for this purpose.
- Due to radioactivity used during the exam, we discourage visitors younger than 5 years old.
- **Important Note:** This exam requires a special, time-sensitive medication ordered specifically for you. Please arrive on time as the medication may not be useable if you are late.
- Please allow 2 hours for your entire appointment.



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E: [mississauga\\_petct@welldiagnostics.ca](mailto:mississauga_petct@welldiagnostics.ca)

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