MyHealth | CENTRE
is now
WELL Health | DIAGNOSTIC CENTRES

# REQUEST FOR EXAMINATION – SAULT STE. MARIE

The Doctor's Building
955 Queen Street East, Suite 50
Sault Ste. Marie, ON P6A 2C3
T: 705-759-1144 | F: 705-759-5978 | E: ssm_queen@welldiagnostics.ca

## 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:

## CARDIOLOGY CONSULTATION

☐ First Available
☐ Consult if Test Result is Positive/Abnormal

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

## CARDIOLOGY

☐ 12-Lead Electrocardiogram (Rest ECG)
☐ Holter Monitoring
○ 24 hrs ○ 48 hrs ○ 72 hrs
○ Other: _____

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

## X-RAY (WALK-IN SERVICE)

**ABDOMINAL**
☐ Single/KUB
☐ Acute (includes PA chest)

**CHEST**
☐ Chest PA & LAT
☐ Ribs ○R ○L
☐ Sternum
☐ Chest Visa

**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 |
| ☐ | ☐ | 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**
☐ Leg Lengths
☐ Skeletal Survey
☐ Bone Age
☐ Indicate: _____

## 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)
☐ Twin Series (> 18 weeks)
☐ Follicular Study

**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 **(circle one)** |
| ☐ | ☐ | Other: _____ |

**VASCULAR**

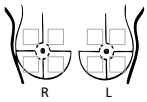
| R | L | |
|---|---|---|
| ☐ | ☐ | Venous - Lower Extremity (DVT) |
| ☐ | ☐ | Venous - Upper Extremity (DVT) |
| ☐ | ☐ | Arterial - Lower Extremity (ABI) |
| ☐ | | Carotid |
| ☐ | | Renal Arteries |
| ☐ | | Portal Venous Doppler |
| ☐ | | Aorta: _____ |

☐ **OTHER:** _____

## BREAST ULTRASOUND

☐ Targeted Breast Ultrasound* ○ R ○ L
(indicate quadrant on diagram)

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




## BONE MINERAL DENSITY

☐ Baseline ☐ Follow Up

## 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, visit **WELLdiagnostics.ca/Locations**.
For test preparation, see the back of this form or visit **WELLdiagnostics.ca/Test-Prep**.

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGREMENT CANADA
CANADA'S BEST MANAGED COMPANIES
Great Place To Work.
Canada's Top Growing Companies REPORT ON BUSINESS

**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, except X-ray, which is provided on a walk-in basis.
- 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**.
- **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 your 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.

## BONE MINERAL DENSITY

Do not take calcium/vitamin supplements 24 hours prior to exam. If you have had a nuclear medicine dye injection or a barium study within 2 weeks, please reschedule your BMD test. Patients are asked to wear clothing without zippers or metal attachments. **PLEASE DO NOT WEAR ANY SCENTED PRODUCTS.**

## 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.

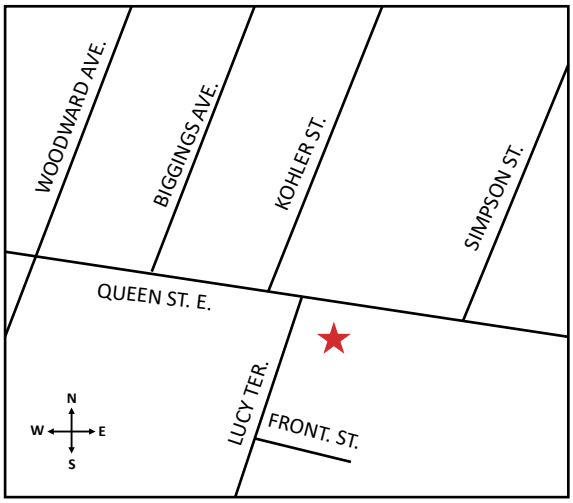
## CARDIOLOGY CONSULTATION

Please have a list of all your current medications with you before your appointment.

## CARDIOLOGY

**ECHOCARDIOGRAPHY:** A cool sensation may be felt on the skin from the gel on the transducer, and a slight pressure of the transducer may be felt on your chest.

**HOLTER MONITORING:** Please do not put any cream/lotion on your chest. Wear loose, comfortable clothing. Bring a list of all your current medications. Please note: a shower/bath is not permitted during the recording period.




The Doctor's Building
955 Queen Street East, Suite 50
Sault Ste. Marie, ON P6A 2C3
T: 705-759-1144 | F: 705-759-5978
E: ssm_queen@welldiagnostics.ca

Visit **WELLdiagnostics.ca** or scan this QR code to:

- ✓ Find location services, hours, and directions
- ✓ Chat live and book appointments online
- ✓ Prepare for your test in 20+ languages
- ✓ Access reqs for sleep disorders, PET/CT and more
- ✓ 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

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