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REQUEST FOR EXAMINATION – GTA GENERAL SERVICES

- | | | | | | |
|--|---|---|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Brampton Centre | <input type="checkbox"/> Brampton Chrysler | <input type="checkbox"/> Brampton Sleep Disorders | <input type="checkbox"/> Milton | <input type="checkbox"/> Mississauga | <input type="checkbox"/> Newmarket |
| <input type="checkbox"/> North York | <input type="checkbox"/> Orangeville | <input type="checkbox"/> Oshawa | <input type="checkbox"/> Pickering | <input type="checkbox"/> Scarborough | <input type="checkbox"/> Thornhill |
| <input type="checkbox"/> Toronto Bay | <input type="checkbox"/> Toronto Davisville | <input type="checkbox"/> Toronto King | <input type="checkbox"/> Whitby | | |

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: _____

SPECIALIST CONSULTATIONS

First Available: Cardiologist Internist Sleep Medicine
 Dr. _____ Consult if Test Result is Positive/Abnormal
Please Attach: Medications, Previous Tests, Family & Social History

CARDIOLOGY


<input type="checkbox"/> 12-Lead Electrocardiogram (Rest ECG)	<input type="checkbox"/> Stress Echocardiogram
<input type="checkbox"/> Exercise Stress Test (GXT)	<input type="checkbox"/> Echocardiogram (Colour Doppler)
<input type="checkbox"/> Holter Monitoring	<input type="checkbox"/> Contrast Echocardiogram
<input type="checkbox"/> 24 hrs <input type="radio"/> 48 hrs <input type="radio"/> 72 hrs	<input type="checkbox"/> Chest pain suspicious of CAD
<input type="checkbox"/> Other: _____	<input type="checkbox"/> CHF <input type="checkbox"/> Palpitations/Arrhythmias
<input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP)	<input type="checkbox"/> Hypertension <input type="checkbox"/> Murmur <input type="checkbox"/> Syncope
<input type="checkbox"/> Pulmonary Function Testing (PFT)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Pre & Post Spirometry	SLEEP DISORDERS
<input type="checkbox"/> Full Pulmonary Function Test	<input type="checkbox"/> Consultation & Sleep Study
<input type="checkbox"/> Include Respirology Consult	<input type="checkbox"/> Consultation Only <input type="checkbox"/> Sleep Study Only

NUCLEAR CARDIOLOGY

MYOCARDIAL PERFUSION	VENTRICULAR FUNCTION
<input type="checkbox"/> Exercise <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine	<input type="checkbox"/> Rest MUGA

X-RAY (WALK-IN SERVICE)

ABDOMINAL	LOWER EXTREMITIES	UPPER EXTREMITIES
<input type="checkbox"/> Single/KUB	R L	R L
<input type="checkbox"/> Acute (Incl. PA chest)	<input type="checkbox"/> Hip	<input type="checkbox"/> Shoulder
CHEST	<input type="checkbox"/> Femur	<input type="checkbox"/> Clavicle
<input type="checkbox"/> Chest PA & LAT	<input type="checkbox"/> Knee	<input type="checkbox"/> Sternoclavicular Joints
<input type="checkbox"/> Ribs <input type="radio"/> OR <input type="radio"/> OL	<input type="checkbox"/> Tib. & Fib.	<input type="checkbox"/> A.C. Joint
<input type="checkbox"/> Sternum	<input type="checkbox"/> Ankle	<input type="checkbox"/> Scapula
<input type="checkbox"/> Chest Visa	<input type="checkbox"/> Foot	<input type="checkbox"/> Humerus
HEAD & NECK	<input type="checkbox"/> Calcaneus	<input type="checkbox"/> Elbow
<input type="checkbox"/> Soft Tissue Neck	<input type="checkbox"/> Toe: 1 2 3 4 5	<input type="checkbox"/> Forearm
<input type="checkbox"/> Skull	SPINE & PELVIS	<input type="checkbox"/> Wrist
<input type="checkbox"/> Sinuses (Not insured by OHIP)	<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Scaphoid
<input type="checkbox"/> Facial Bones	<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/> Hand
<input type="checkbox"/> Nose	<input type="checkbox"/> Lumbar (L/S) Spine	<input type="checkbox"/> Finger: 1 2 3 4 5
<input type="checkbox"/> Mandible	<input type="checkbox"/> Sacrum/Coccyx	OTHER
<input type="checkbox"/> Orbits	<input type="checkbox"/> S.I. Joints	<input type="checkbox"/> Skeletal Survey
<input type="checkbox"/> T.M. Joints	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Bone Age
<input type="checkbox"/> Adenoids	<input type="checkbox"/> Scoliosis Series	<input type="checkbox"/> Indicate: _____



ULTRASOUND

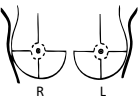
GENERAL ULTRASOUND	MUSCULOSKELETAL
<input type="checkbox"/> Abdomen + Pelvis (Incl. reproductive organs)	R L
<input type="checkbox"/> Abdomen (Incl. limited bladder + lower quadrants, no reproductive organs)	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Kidneys*	<input type="checkbox"/> Elbow
<input type="checkbox"/> Bladder	<input type="checkbox"/> Wrist
<input type="checkbox"/> Hernia (specify site): _____	<input type="checkbox"/> Hip
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Hamstring
*Baseline abdominal ultrasound may be performed	<input type="checkbox"/> Knee
PELVIS	<input type="checkbox"/> Ankle/Achilles Tendon/Plantar Fascia (circle one above)
<input type="checkbox"/> Female Pelvis (Incl. Transvaginal)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Male Pelvis (Excl. Transrectal)	SMALL PARTS
OBSTETRICAL	<input type="checkbox"/> Salivary Glands
EDC (Required): _____	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Dating (< 16 weeks)	<input type="checkbox"/> Chest
<input type="checkbox"/> Prenatal Screening (IPS/eFTS 11-14 weeks)	<input type="checkbox"/> Groin <input type="radio"/> R <input type="radio"/> L
<input type="checkbox"/> Anatomy (18-20 weeks)	<input type="checkbox"/> Inguinal Canal <input type="radio"/> R <input type="radio"/> L
<input type="checkbox"/> Dual Scan Series (NT scan 11-14 weeks + Anatomical 18-20 weeks)	<input type="checkbox"/> Testes/Scrotum
<input type="checkbox"/> Fetal Growth (30+ weeks)	<input type="checkbox"/> Soft Tissue/Lump (specify site): _____
<input type="checkbox"/> BPP <input type="checkbox"/> UA Doppler <input type="checkbox"/> MCA Doppler	VASCULAR
<input type="checkbox"/> Biophysical Profile (BPP)	R L
<input type="checkbox"/> Twin Series (> 18 weeks) - Site Specific	<input type="checkbox"/> Venous - Lower Extremity (DVT)
<input type="checkbox"/> Follicular Study	<input type="checkbox"/> Venous - Upper Extremity (DVT)
US GUIDED PROCEDURES	<input type="checkbox"/> Venous - Lower Extremity (Reflux)
<input type="checkbox"/> Biopsy - Thyroid FNA - Site Specific	<input type="checkbox"/> Arterial - Lower Extremity (ABI)
<input type="checkbox"/> Biopsy - Breast - Site Specific	<input type="checkbox"/> Arterial - Upper Extremity
<input type="checkbox"/> Sonohysterogram - Site Specific	<input type="checkbox"/> Carotid
	<input type="checkbox"/> Renal Arteries
	<input type="checkbox"/> Portal Venous Doppler
	<input type="checkbox"/> Aorta: _____
	<input type="checkbox"/> OTHER: _____

MAMMOGRAPHY & WOMEN'S IMAGING

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

Mammogram R L Implants

Mammogram & Bone Mineral Density R L Implants | Baseline Follow Up



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

BONE MINERAL DENSITY

Baseline Follow Up

NUCLEAR MEDICINE

BONE SCAN	RENAL
<input type="checkbox"/> Total Body <input type="checkbox"/> Specific Site: _____	<input type="checkbox"/> Renal Scan with Differential Function
ENDOCRINE	MISCELLANEOUS
<input type="checkbox"/> Thyroid Uptake & Scan	<input type="checkbox"/> V/Q Lung Scan
<input type="checkbox"/> Parathyroid	PET/CT – Mississauga
GASTROINTESTINAL	<input type="checkbox"/> Visit WELLdiagnostics.ca/Refer for PET/CT requisition
<input type="checkbox"/> Hepatobiliary Scan (HIDA)	
<input type="checkbox"/> Solid Gastric Emptying Scan	

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: _____

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- 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.

<p>BRAMPTON CENTRE</p> <p>31 Centre Street South Brampton, ON L6W 2X7 South of Peel Memorial Centre</p> <p>T: 905-455-3010 F: 1-800-352-2050 E: brampton_centre@welldiagnostics.ca</p> <p>SERVICES: Cardiology, Cardiology Consultation, Pulmonary Function Test, Respiriology Consultation, Vascular Ultrasound</p>	<p>BRAMPTON CHRYSLER</p> <p>470 Chrysler Drive, Unit 28 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler)</p> <p>T: 905-791-3458 F: 905-791-3460 E: brampton_chrysler@welldiagnostics.ca</p> <p>SERVICES: Nuclear Cardiology, Nuclear Medicine</p>	<p>BRAMPTON (SLEEP DISORDERS)</p> <p>480 Chrysler Drive, Unit 34 Brampton, ON L6S 0C1 Chrysler Drive Centre (Williams & Chrysler)</p> <p>T: 905-790-8800 F: 905-790-6008 E: brampton_sleep@welldiagnostics.ca</p> <p>SERVICES: Sleep Consultations, Sleep Studies Visit WELldiagnostics.ca/Refer for Sleep requisition.</p>
<p>MILTON (CARDIOLOGY)</p> <p>480 Bronte Street South, Suite 218 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road</p> <p>T: 905-878-8831 F: 1-800-249-6284 E: milton_cardiology@welldiagnostics.ca</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology</p>	<p>MILTON (RADIOLOGY)</p> <p>480 Bronte Street South, Suite 212 Milton, ON L9T 9A9 Milton Professional Centre, north of Derry Road</p> <p>T: 905-878-8831 F: 1-800-249-6284 E: milton_radiology@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>MISSISSAUGA (CARDIOLOGY)</p> <p>2300 Eglinton Avenue West, Suite G01 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p>T: 905-828-0653 F: 905-828-0765 E: mississauga_cardiology@welldiagnostics.ca</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology</p>
<p>MISSISSAUGA (RADIOLOGY)</p> <p>2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p>T: 905-828-0653 F: 905-828-0765 E: mississauga_radiology@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray, Biopsy (Thyroid), Immigration X-ray</p>	<p>MISSISSAUGA (PET/CT)</p> <p>2300 Eglinton Avenue West, Suite G02 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p>T: 416-572-1725 F: 1-800-416-9840 E: mississauga_petct@welldiagnostics.ca</p> <p>SERVICES: Cancer Screening Visit WELldiagnostics.ca/Refer for PET/CT requisition.</p>	<p>NEWMARKET (CARDIOLOGY)</p> <p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre</p> <p>T: 905-952-3112 F: 289-319-0415 E: newmarket_cardiology@welldiagnostics.ca</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Pulmonary Function Test, Respiriology Consultation</p>
<p>NEWMARKET (RADIOLOGY)</p> <p>17730 Leslie Street, Suite 106 Newmarket, ON L3Y 3E4 North of Davis Drive in the York Medical Health Centre</p> <p>T: 905-836-2626 F: 905-836-5043 E: newmarket_radiology@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Mammography & OBSP, Sonohysterogram, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>NORTH YORK</p> <p>4949 Bathurst Street, Suite 100 North York, ON M2R 1Y1 Northview Centre at Bathurst and Finch</p> <p>T: 416-223-5460 F: 416-223-8335 E: northyork@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Cardiology, Cardiology Consultation, Mammography & OBSP, Ultrasound, X-ray, Immigration X-ray</p>	<p>ORANGEVILLE</p> <p>229 Broadway, Unit 4 Orangeville, ON L9W 1K4 West of First Street across from Shell gas station</p> <p>T: 519-943-0022 F: 519-943-0045 E: orangeville@welldiagnostics.ca</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine</p>
<p>OSHAWA</p> <p>300 King Street West, Suite 201 Oshawa, ON L1J 2K1 Oshawa Professional Building west of Park Road</p> <p>T: 905-723-3110 F: 905-723-9045 E: oshawa@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Nuclear Cardiology, Nuclear Medicine</p>	<p>PICKERING</p> <p>1105 Kingston Road, Building D, Suite 202 Pickering, ON L1V 1B5 Brookdale Centre, behind Shoppers Drug Mart, 2nd Floor</p> <p>T: 905-420-3068 F: 905-420-6057 E: pickering@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Mammography & OBSP, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>SCARBOROUGH</p> <p>462 Birchmount Road, Unit 1B Scarborough, ON M1K 1N8 Birchmount Plaza, near Dollarama and Pharmasave</p> <p>T: 416-690-9437 F: 416-690-9441 E: scarborough@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Cardiology, Cardiology Consultation, Nuclear Cardiology, Ultrasound, X-ray</p>
<p>THORNHILL</p> <p>7241 Bathurst Street, Unit 12 Thornhill, ON L4J 3W1 North of Steeles in Chabad Gate Plaza, near Circle K</p> <p>T: 905-889-2400 F: 905-889-2455 E: thornhill@welldiagnostics.ca</p> <p>SERVICES: Bone Mineral Density, Ultrasound, X-ray, Immigration X-ray</p>	<p>TORONTO BAY</p> <p>790 Bay Street, Suite 716 Toronto, ON M5G 1N8 Southwest corner of Bay and College beside CIBC</p> <p>T: 416-260-9382 F: 416-260-2274 E: toronto_bay@welldiagnostics.ca</p> <p>SERVICES: Sonohysterogram, Twin Series, Ultrasound, X-ray, Biopsy (Thyroid), Immigration X-ray</p>	<p>TORONTO DAVISVILLE</p> <p>1849 Yonge Street, Suite 207 & 218 Toronto, ON M4S 1Y2 Medical & Dental Centre south of Davisville</p> <p>T: 416-928-3467 F: 416-928-3502 E: toronto_davisville@welldiagnostics.ca</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology</p>
<p>TORONTO KING</p> <p>11 King Street West, Suite C-100 Toronto, ON M5H 4C7 Enter underground PATH at RSM Place & take elevator to level C.</p> <p>T: 416-864-1814 F: 416-864-1499 E: toronto_king@welldiagnostics.ca</p> <p>SERVICES: Cardiology, Cardiology Consultation, Nuclear Cardiology, Nuclear Medicine, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>WHITBY</p> <p>1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 Whitby Mall at Dundas and Thickson</p> <p>T: 905-430-3277 F: 905-240-7700 E: whitby@welldiagnostics.ca</p> <p>SERVICES: Nuclear Cardiology, Nuclear Medicine</p>	



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