

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: _____

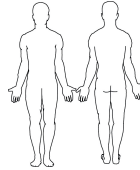
Claustrophobia: Yes No

Special Precautions: _____

Next Consultation Date: _____

Last Treatment Date: _____ Next Treatment Date: _____

Reason for Referral: _____



PET REGISTRY (CCO forms required)

BREAST CANCER

- T2N1
- Oligometastatic (Distant metastatic) IDC

MULTIPLE MYELOMA/ PLASMACYTOMA

PROSTATE CANCER

- (Cohort 8) - PSMA PET form and eligibility checklist required

PET in Immunotherapy for Metastatic Melanoma

- Staging
- Response Assessment

*Please indicate sites of concern on the diagram above

ROUTINE ONCOLOGY

ANAL CANAL CANCER

- Initial staging of patients with clinical stage II-IV SCC of the anal canal
- Initial staging to clarify equivocal conventional imaging of patients with SCC of the anal canal, specify location(s) of interest for PET:
 - Ano-rectum Lymph Nodes
 - Other (specify): _____
- Re-staging (limited recurrence) when further ablative therapy is being considered

LYMPHOMA STAGING

- Hodgkin's Lymphoma or Aggressive Non-Hodgkin's Lymphoma
- Indolent Lymphoma - where extent of disease will impact patient management

CERVICAL CANCER (CCO form required)

- Staging
- RECURRENT GYNECOLOGIC CANCER (CCO form required)**
- BLADDER CANCER** - Initial staging (CCO form required)

BREAST CANCER (IDC) (TNM stage required)

- Baseline staging
- Repeat post therapy, prior to surgery
- Re-staging for locoregional recurrence of IDC

THYROID

- Anaplastic staging
- Medullary - staging/recurrence

HEAD & NECK

- H&N Node positive cancer - staging
- H&N SCC - re-staging post chemotherapy

PROSTATE

- Ga 68 PSMA PET (Prep Phase3): Cohort – 0-6 (PSMA – PET req form and eligibility checklist required)

MELANOMA

- Staging
- Evaluation of isolated mets

SARCOMA (Registry form required)

- MESOTHELIOMA**

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
- Baseline staging (new diagnosis) Re-staging (locoregional recurrence)
- Staging (oligometastatic disease)

SMALL CELL LUNG CANCER

- Stage: I II IIIA IIIB

THYROID CANCER

- Recurrence, ↑ Thyroglobulin
(Patient must withhold thyroid medications for 2 weeks OR have Thyrogen IM injections at approx. 24 and 48 hours prior to the test)

GERM CELL TUMOURS

- Recurrence Seminoma (post treatment residual mass)

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 head and neck primary
- Nasopharyngeal cancer staging

ACCESS AND PRIVATE PAY

- PROSTATE CANCER** – Ga 68 PSMA – Cohort 7 (PSMA – PET req form, eligibility checklist and PSMA PET Access form required)

- 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

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

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