



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 ☐ Respiriologist ☐ 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"/> Exercise Stress Test (GXT)
<input type="checkbox"/> Holter Monitoring
<input type="radio"/> 24 hrs <input type="radio"/> 48 hrs <input type="radio"/> 72 hrs
<input type="checkbox"/> Other: _____
<input type="checkbox"/> 24hr BP Monitor (Not insured by OHIP)
<input type="checkbox"/> Pulmonary Function Testing (PFT)
<input type="radio"/> Pre & Post Spirometry
<input type="radio"/> Full Pulmonary Function Test
<input type="radio"/> Include Respirology Consult | <input type="checkbox"/> Stress Echocardiogram
<input type="checkbox"/> Echocardiogram (Colour Doppler)
<input type="checkbox"/> Contrast Echocardiogram
<input type="radio"/> Chest pain suspicious of CAD
<input type="radio"/> CHF <input type="radio"/> Palpitations/Arrhythmias
<input type="radio"/> Hypertension <input type="radio"/> Murmur <input type="radio"/> Syncope
<input type="checkbox"/> Other: _____ |
|--|--|
- SLEEP DISORDERS**
- ☐ Consultation & Sleep Study
☐ Consultation Only ☐ 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
<input type="checkbox"/> Single/KUB
<input type="checkbox"/> Acute (Incl. PA chest)
CHEST
<input type="checkbox"/> Chest PA & LAT
<input type="checkbox"/> Ribs <input type="radio"/> OR <input type="radio"/> OL
<input type="checkbox"/> Sternum
<input type="checkbox"/> Chest Visa
HEAD & NECK
<input type="checkbox"/> Soft Tissue Neck
<input type="checkbox"/> Skull
<input type="checkbox"/> Sinuses (Not insured by OHIP)
<input type="checkbox"/> Facial Bones
<input type="checkbox"/> Nose
<input type="checkbox"/> Mandible
<input type="checkbox"/> Orbits
<input type="checkbox"/> T.M. Joints
<input type="checkbox"/> Adenoids | LOWER EXTREMITIES
R L
<input type="checkbox"/> Hip
<input type="checkbox"/> Femur
<input type="checkbox"/> Knee
<input type="checkbox"/> Tib. & Fib.
<input type="checkbox"/> Ankle
<input type="checkbox"/> Foot
<input type="checkbox"/> Calcaneus
<input type="checkbox"/> Toe: 1 2 3 4 5
SPINE & PELVIS
<input type="checkbox"/> Cervical Spine
<input type="checkbox"/> Thoracic Spine
<input type="checkbox"/> Lumbar (L/S) Spine
<input type="checkbox"/> Sacrum/Coccyx
<input type="checkbox"/> S.I. Joints
<input type="checkbox"/> Pelvis
<input type="checkbox"/> Scoliosis Series | UPPER EXTREMITIES
R L
<input type="checkbox"/> Shoulder
<input type="checkbox"/> Clavicle
<input type="checkbox"/> Sternoclavicular Joints
<input type="checkbox"/> A.C. Joint
<input type="checkbox"/> Scapula
<input type="checkbox"/> Humerus
<input type="checkbox"/> Elbow
<input type="checkbox"/> Forearm
<input type="checkbox"/> Wrist
<input type="checkbox"/> Scaphoid
<input type="checkbox"/> Hand
<input type="checkbox"/> Finger: 1 2 3 4 5
OTHER
<input type="checkbox"/> Skeletal Survey
<input type="checkbox"/> Bone Age
<input type="checkbox"/> 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) - Site Specific
☐ Follicular Study

US GUIDED PROCEDURES

- ☐ Biopsy – Thyroid FNA - Site Specific
☐ Biopsy – Breast - Site Specific
☐ Sonohysterogram - Site Specific

MUSCULOSKELETAL

R L

- ☐ Shoulder
☐ Elbow
☐ Wrist
☐ Hip
☐ Hamstring
☐ Knee
☐ Ankle/Achilles Tendon/Plantar Fascia (circle one above)
☐ Other: _____

SMALL PARTS

- ☐ Salivary Glands
☐ Thyroid
☐ Chest
☐ Groin ☐ OR ☐ L
☐ Inguinal Canal ☐ OR ☐ L
☐ Testes/Scrotum
☐ Soft Tissue/Lump (specify site): _____

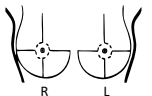
VASCULAR

R L

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

- ☐ Total Body ☐ Specific Site: _____

ENDOCRINE

- ☐ Thyroid Uptake & Scan
☐ Parathyroid

GASTROINTESTINAL

- ☐ Hepatobiliary Scan (HIDA)
☐ Solid Gastric Emptying Scan

RENAL

- ☐ Renal Scan with Differential Function

MISCELLANEOUS

- ☐ V/Q Lung Scan

PET/CT – Mississauga

- ☐ Visit WELLdiagnostics.ca/Refer for PET/CT requisition

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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BRAMPTON CENTRE	BRAMPTON CHRYSLER	BRAMPTON (SLEEP DISORDERS)
<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: Specialist Consultations, Cardiology, Pulmonary Function Test, Vascular Ultrasound</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</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>
MILTON (CARDIOLOGY)	MILTON (RADIOLOGY)	MISSISSAUGA (CARDIOLOGY)
<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: Specialist Consultations, Cardiology, Nuclear Cardiology</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>2300 Eglinton Avenue West, Suite G01 Mississauga, ON L5M 2V8 Credit Valley Professional Building, beside hospital</p> <p>T: 905-828-0653 F: 1-800-249-6284 E: mississauga_cardiology@welldiagnostics.ca</p> <p>SERVICES: Specialist Consultations, Cardiology, Nuclear Cardiology</p>
MISSISSAUGA (RADIOLOGY)	MISSISSAUGA (PET/CT)	NEWMARKET (CARDIOLOGY)
<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>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>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: Specialist Consultations, Cardiology, Nuclear Cardiology, Pulmonary Function Test</p>
NEWMARKET (RADIOLOGY)	NORTH YORK	ORANGEVILLE
<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>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: Specialist Consultations, Cardiology, Bone Mineral Density, Mammography & OBSP, Ultrasound, X-ray, Immigration X-ray</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: Specialist Consultations, Cardiology, Nuclear Cardiology, Nuclear Medicine</p>
OSHAWA	PICKERING	SCARBOROUGH
<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>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>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: Specialist Consultations, Cardiology, Nuclear Cardiology, Bone Mineral Density, Ultrasound, X-ray</p>
THORNHILL	TORONTO BAY	TORONTO DAVISVILLE
<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>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>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: Specialist Consultations, Cardiology, Nuclear Cardiology</p>
TORONTO KING	WHITBY	
<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: Specialist Consultations, Cardiology, Nuclear Medicine, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>1615 Dundas Street East, Main Floor Whitby, ON L1N 2L1 Whitby Mall at Dundas and Thicksom</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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