

Sudbury Larch
 65 Larch Street, Suite 103
 T: 705-673-2565
 F: 705-673-4482

 Sudbury Lasalle
 1122 Lasalle Boulevard, Suite 107
 T: 705-560-1114
 F: 705-560-7191

 Sudbury Long Lake
 2009 Long Lake Road, Suite B3
 T: 705-523-1295
 F: 705-523-2012

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

 Check if Applicable: **URGENT** WSIB
 Patient Full Name: _____
 Address: _____
 City: _____ Prov.: _____ Postal Code: _____
 Cell Phone: _____ Alt. Phone: _____
 Date of Birth: _____ Health Card #: _____
 Gender: _____ Height (cm): _____ Weight (kg): _____
 Clinical Information/Indications: _____

ULTRASOUND
GENERAL ULTRASOUND

-
- Abdomen + Pelvic + Transvaginal
-
-
- Abdomen
-
-
- Renal
-
-
- Bladder

PELVIS

-
- Female Pelvis
-
-
- Transvaginal
-
-
- Male Pelvis
-
-
- Prostate/Transrectal

OBSTETRICAL

-
- Dating (< 16 wks)
-
-
- Prenatal Screening (IPS/eFTS) 11-14 wks
-
-
- Anatomic 18-20 wks
-
-
- Dual Scan Series (NT scan 11-14 wks + Anatomical 18-20 wks)
-
-
- 3
- rd
- Trimester Scan
-
-
- With Biophysical Profile (BPP)
-
-
- Twin Series (> 18 wks) -
- Sudbury Larch**
-
-
- Follicular Studies

SMALL PARTS

-
- Face
-
-
- Thyroid and Neck
-
-
- Neck
-
-
- Female Breast
-
- R
-
- L
-
-
- Male Breast - Bilateral
-
-
- Chest
-
-
- Groin
-
- R
-
- L
-
-
- Inguinal Canal
-
- R
-
- L
-
-
- Testes/Scrotum
-
-
- Soft Tissue/Lump

MUSCULOSKELETAL

- R L**
-
-
- Rotator Cuff
-
-
- Elbow
-
-
- Wrist
-
-
- Hip
-
-
- Hamstring
-
-
- Knee
-
-
- Popliteal Fossa
-
-
- Ankle
-
-
- Achilles Tendon
-
-
- Plantar Fascia
-
-
- Other: _____

US GUIDED PROCEDURES

-
- Biopsy - Thyroid FNA -
- Sudbury Larch**

VASCULAR

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

-
- OTHER:**
- _____

NUCLEAR CARDIOLOGY
MYOCARDIAL PERFUSION

-
- Exercise
-
-
- Persantine

VENTRICULAR FUNCTION

-
- Resting (MUGA)

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NUCLEAR MEDICINE
BONE SCAN

-
- Total Body
-
-
- Specific Site: _____
-
-
- SPECT

ENDOCRINE

-
- Thyroid Scan Only
-
-
- Thyroid Uptake & Scan
-
-
- Parathyroid

GASTROINTESTINAL

-
- Gallbladder/Biliary Scan
-
-
- Gastric Emptying Scan

-
- Hyperthyroidism

-
- Other: _____

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X-RAY (WALK-INS ACCEPTED)
ABDOMINAL

-
- Single/KUB
-
-
- Acute (includes PA chest)

CHEST

-
- Chest PA & LAT
-
-
- Ribs
-
- OR
-
- L
-
-
- Sternum
-
-
- Chest Visa

HEAD & NECK

-
- Soft Tissue Neck
-
-
- Skull
-
-
- Sinuses (Not insured by OHIP)
-
-
- Facial Bones
-
-
- Nose
-
-
- Mandible
-
-
- Orbits
-
-
- T.M. Joints
-
-
- Adenoids
-
-
- Mastoids

-
- NEJAC PROTOCOL**

LOWER EXTREMITIES

- R L**
-
-
- Hip
-
-
- Femur
-
-
- Knee
-
-
- Tib. & Fib.
-
-
- Ankle
-
-
- Foot
-
-
- Heel
-
-
- Toe: 1 2 3 4 5

SPINE & PELVIS

-
- Cervical Spine
-
-
- Thoracic Spine
-
-
- Lumbar (L/S) Spine
-
-
- Sacrum/Coccyx
-
-
- S.I. Joints
-
-
- Pelvis
-
-
- Scoliosis Series

-
- OTHER:**
- _____

UPPER EXTREMITIES

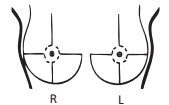
- R L**
-
-
- Shoulder
-
-
- Clavicle
-
-
- Sternoclavicular joints
-
-
- A.C. Joint
-
-
- Scapula
-
-
- Humerus
-
-
- Elbow
-
-
- Forearm
-
-
- Wrist
-
-
- Scaphoid
-
-
- Hand
-
-
- Finger: 1 2 3 4 5

-
- LEG LENGTHS**
-
- Sudbury Larch

-
- SKELETAL SURVEY**
-
-
- Bone Age


MAMMOGRAPHY & BONE MINERAL DENSITY

-
- Mammogram
-
- R
-
- L
-
- Implants
-
-
- Ontario Breast Screening Program (OBSP) 50-74 yrs of age


BONE MINERAL DENSITY

-
- Baseline Study
-
- Follow Up
-
- High Risk
-
- Routine

REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

Referring Physician: _____ (Print Name) _____ (Signature)

Billing Provider #: _____ CPSO #: _____

Fax #: _____

Date: _____

Copy to: _____

 Report Delivery Preference: Fax HRM Other: _____

All diagnostic tests require a scheduled appointment, except for X-ray (walk-in patients welcome).
Want to book and manage your appointment online? Download our mobile patient app at MyHealthCentre.ca

SUDBURY LARCH	SUDBURY LASALLE
<p>65 Larch Street, Suite 103 Sudbury, ON P3E 1B8 Larch Medical Building at Larch Street, just east of Durham</p> <p>T: 705-673-2565 F: 705-673-4482</p> <p>SERVICES: Biopsy (Thyroid FNA), BMD, Cardiology, Mammography & OBSP, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Twin Series, Ultrasound, Vascular Ultrasound, X-ray</p>	<p>1122 Lasalle Boulevard, Suite 107 Sudbury, ON P3A 1Y4 Balmoral Walk-in Clinic on Lasalle between Carmen and Attlee</p> <p>T: 705-560-1114 F: 705-560-7191</p> <p>SERVICES: Prenatal Screening, Ultrasound, X-ray</p>
SUDBURY LONG LAKE	
<p>2009 Long Lake Road, Suite B3 Sudbury, ON P3E 6C3 Four Corners Medical Arts Centre next to Shoppers Drug Mart.</p> <p>T: 705-523-1295 F: 705-523-2012</p> <p>SERVICES: Prenatal Screening, Ultrasound, X-ray</p>	

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