

☐ 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): _____

Reason for Referral: _____

ULTRASOUND
GENERAL ULTRASOUND

- ☐
- Abdomen + Pelvis
-
- (Incl. reproductive organs)
-
- ☐
- Abdomen (Incl. limited bladder
-
- + lower quadrants, no reproductive organs)
-
- ☐
- Kidneys*
-
- ☐
- Bladder
-
- ☐
- Other: _____
-
- *Baseline abdominal ultrasound may be performed

PELVIS

- ☐
- Female Pelvis (Incl. Transvaginal)
-
- ☐
- Male Pelvis (Excl. Transrectal)
-
- ☐
- Prostate (Incl. 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

**This is not an approved cancer screening tool (CCO). Mammogram/OBSP is recommended.

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 (SUDBURY LARCH)
MYOCARDIAL PERFUSION

- ☐
- Exercise
-
- ☐
- Persantine

VENTRICULAR FUNCTION

- ☐
- Rest MUGA

NUCLEAR MEDICINE (SUDBURY LARCH)
BONE SCAN

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

ENDOCRINE

- ☐
- Thyroid Scan Only
-
- ☐
- Thyroid Uptake & Scan
-
- ☐
- Parathyroid
-
- ☐
- Hyperthyroidism
-
- ☐
- Other: _____

GASTROINTESTINAL

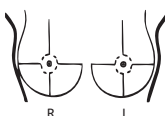
- ☐
- Gallbladder/Biliary Scan
-
- ☐
- Gastric Emptying Scan

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


X-RAY (WALK-IN SERVICE)
ABDOMINAL

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

CHEST

- ☐
- Chest PA & LAT
-
- ☐
- Ribs
- ☐
- OR
- ☐
- OL
-
- ☐
- 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
-
- ☐
- 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

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


REFERRING PHYSICIAN INFORMATION (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSP #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: ☐ Fax ☐ HRM ☐ Other: _____

All our services require a scheduled appointment, except X-ray, which is provided on a walk-in basis.
For the latest clinic information, or to chat live and book your appointment online, please visit **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 E: sudbury_larch_radiology@myhealthcentre.ca</p> <p>SERVICES: Biopsy (Thyroid), Bone Mineral Density, Mammography & OBSP, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Twin Series, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service)</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 E: sudbury_lasalle@myhealthcentre.ca</p> <p>SERVICES: Prenatal Screening, Ultrasound, X-ray (Walk-in Service)</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 E: sudbury_longlake@myhealthcentre.ca</p> <p>SERVICES: Prenatal Screening, Ultrasound, X-ray (Walk-in Service)</p>	



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