

☐ 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 103
T: 705-523-1295 | F: 705-523-2012

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

Check if Applicable: ☐ **URGENT** ☐ WSIB

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: _____

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) - **Sudbury Larch**
- ☐ Follicular Study

SMALL PARTS

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

MUSCULOSKELETAL

R L

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

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: _____

US GUIDED PROCEDURES

- ☐ Biopsy - Thyroid FNA - **Sudbury Larch**
- ☐ OTHER: _____

NUCLEAR CARDIOLOGY (SUDBURY LARCH)

MYOCARDIAL PERFUSION

- ☐ Exercise
- ☐ Persantine

VENTRICULAR FUNCTION

- ☐ Rest MUGA

NUCLEAR MEDICINE (SUDBURY LARCH)

BONE SCAN

- ☐ Total Body
- ☐ Specific Site: _____

ENDOCRINE

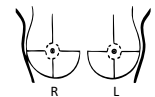
- ☐ Thyroid Uptake & Scan
- ☐ Parathyroid

GASTROINTESTINAL

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

BREAST ULTRASOUND & MAMMOGRAPHY

- ☐ Targeted Breast Ultrasound* ☐ R ☐ L
(Indicate quadrant on diagram)
- ☐ Mammogram ☐ R ☐ L ☐ Implants
- ☐ Ontario Breast Screening Program (OBSP) 50-74 yrs of age



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

X-RAY (WALK-IN SERVICE)

ABDOMINAL

- ☐ Single/KUB
- ☐ Acute (Incl. 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

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

UPPER EXTREMITIES

R L

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

OTHER

- ☐ Leg Lengths - **Sudbury Larch**
- ☐ Skeletal Survey
- ☐ Bone Age
- ☐ NEJAC Protocol
- ☐ Indicate: _____



BONE MINERAL DENSITY

- ☐ Baseline ☐ Follow Up

REFERRING HEALTHCARE PROVIDER (STAMP LABEL IF AVAILABLE)

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

Billing Provider #: _____ CPSP #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

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

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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: Bone Mineral Density, Mammography & OBSP, Nuclear Cardiology, Nuclear Medicine, Prenatal Screening, Twin Series, Ultrasound, Vascular Ultrasound, X-ray (Walk-in Service), Biopsy (Thyroid), Immigration Services</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 103 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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