

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

Hepatobiliary Scan (HIDA)

Solid Gastric Emptying Scan

PET/CT – Mississauga

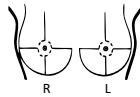
Visit WELLdiagnostics.ca/Refer for PET/CT requisition

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.

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 #: _____ CPSO #: _____

Tel #: _____ Fax #: _____

Date: _____ Copy To: _____

Report Delivery Preference: Fax HRM Other: _____

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- **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.

SUDBURY LARCH

65 Larch Street, Suite 103
Sudbury, ON P3E 1B8
Larch Medical Building at Larch Street, just east of Durham

T: 705-673-2565 | F: 705-673-4482

E: sudbury_larch_radiology@welldiagnostics.ca

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 X-ray**

SUDBURY LASALLE

1122 Lasalle Boulevard, Suite 107
Sudbury, ON P3A 1Y4
Balmoral Walk-in Clinic on Lasalle between Carmen and Attlee

T: 705-560-1114 | F: 705-560-7191

E: sudbury_lasalle@welldiagnostics.ca

SERVICES: Prenatal Screening, Ultrasound, X-ray (Walk-in Service)

SUDBURY LONG LAKE

2009 Long Lake Road, Suite 103
Sudbury, ON P3E 6C3
Four Corners Medical Arts Centre next to Shoppers Drug Mart.

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

E: sudbury_longlake@welldiagnostics.ca

SERVICES: Prenatal Screening, Ultrasound, X-ray (Walk-in Service)



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This requisition form can be submitted to any licensed Ontario healthcare facility, including hospitals and independent health facilities, such as those listed here: www.health.gov.on.ca