

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

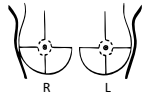
PET/CT – Mississauga

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 R L
 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
 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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For Northern Health Travel Grant: www.health.gov.on.ca/en/public/publications/ohip/northern.aspx

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