

# ULTRASOUND

**YOU MUST BRING THIS FORM WITH YOU FOR US TO PERFORM YOUR EXAM.**

## APPOINTMENT INFORMATION (Check Appropriate Site)

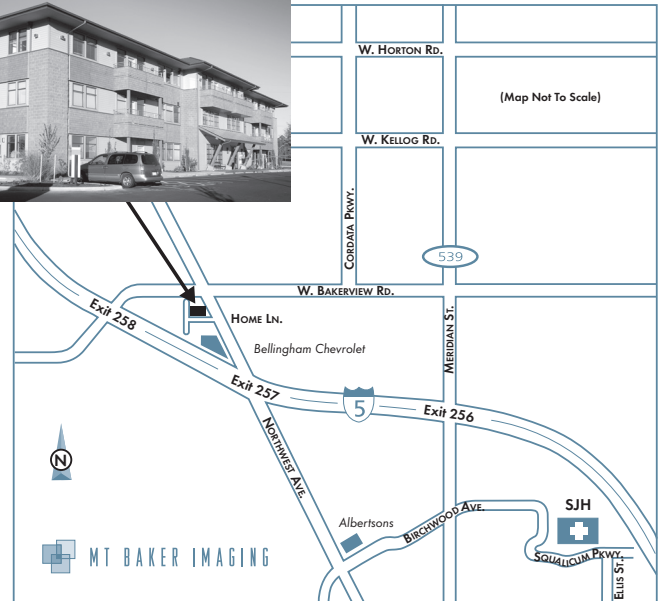
Appointment Date: \_\_\_\_\_

Check in Time: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

See Location Map 

**Northwest Avenue** - 4029 Northwest Ave, Ste. 201



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## PATIENT INFORMATION (please print)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Referring Provider: \_\_\_\_\_

CC: \_\_\_\_\_

Insurance Company (s): \_\_\_\_\_

Patient's Insurance ID #: \_\_\_\_\_

**2**

## Abdomen/Pelvis – Preps required for all exams, please see back of form

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Upper Abdomen Complete                    | <input type="checkbox"/> Liver without Portal Duplex Doppler       | <input type="checkbox"/> Pelvis with Endovaginal (with Duplex Doppler if needed) |
| <input type="checkbox"/> Aorta Only – AAA assessment               | <input type="checkbox"/> Liver with Portal Duplex Doppler          | <input type="checkbox"/> No Endovaginal (for patients with contraindications)    |
| <input type="checkbox"/> Kidney / Bladder                          | <input type="checkbox"/> Liver Transplant                          |  |
| <input type="checkbox"/> Kidney transplant                         | <input type="checkbox"/> General <input type="checkbox"/> Vascular |  |
| <input type="checkbox"/> General <input type="checkbox"/> Vascular |  |  |

## OB Ultrasound (w/endovaginal and/or duplex Doppler as needed) Preps required for all exams, please see back of form

- OB 1st Trimester (with Nuchal Translucency if 11-14 wks)
  - No Nuchal Translucency needed
  - Nuchal Translucency Only
- OB 2nd/3rd Trimester
  - Fetal Survey (recommend 18 weeks or greater)
    - Low Risk  High Risk Reason: \_\_\_\_\_
  - Complete before 18 weeks (anatomy will be limited)
  - Follow-up
    - Anatomy  Growth
  - Follow-up Limited (position, placenta, cervix, fluid **only**)
- Biophysical Profile, w/ OB Limited
  - Include S/D ratios

## Other – No Preps required

- Hernia (site): \_\_\_\_\_
- Appendix/RLQ
- Scrotal (with Duplex Doppler if needed)
- Shoulder (specify R/L or bilateral)
- Extremity Limited
- Thyroid/Parathyroid/Neck
- Thyroid FNA/Biopsy – Please specify nodule(s): \_\_\_\_\_
- Infant Hips (4 weeks - 6 months “corrected gestational age”)
- Infant Head (up to 12 months)
- Infant Pyloric Stenosis (see scheduler for prep)
- Infant Spine
- Ophthalmic A-scan
- Other: \_\_\_\_\_

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## SIGN / SYMPTOM - Required ( No “rule out” or “suspected” )

**X** \_\_\_\_\_  
**PROVIDER SIGNATURE REQUIRED**

## Stat Report Desired (choose one)

- Fax Report (Fax number required) \_\_\_\_\_
- Call Report (Provider cell phone number required) \_\_\_\_\_

## ULTRASOUND EXAM PREPARATION INSTRUCTIONS FOR ADULTS

(Preparation instructions for CHILDREN should be obtained from a scheduler)

Please follow these instructions to ensure a successful ultrasound exam.

- ABDOMEN** (Aorta, Bile Ducts, Gallbladder, Liver, Pancreas, Spleen) **Allow 1 hour**
  - The night before your exam follow a low fat diet and avoid gas producing foods.
  - The day before your exam, drink a minimum of 4 glasses of water (not all at once).
  - Do NOT eat, drink, chew gum or smoke for at least **8 hours** prior to your exam time. You will be fasting until your exam is completed. **A small amount of water for medications is OK at any time.**
  
- KIDNEY** (Renal) **Allow 1 hour**
  - One hour before the exam drink 12 ounces of water.
  - Do not empty your bladder after drinking the water.
  
- OBSTETRICAL Allow 1 hour\***
  - Patients in the first half (up to 24 weeks) of pregnancy:
    1. Finish drinking 16 ounces of water 45 minutes before your appointment.
    2. Do not empty your bladder after drinking the water. A full bladder is important.
  - Patients in the last half (24-40+ weeks) of pregnancy:
    1. 45 minutes before your appointment drink 8 ounces of water.
    2. Do not empty your bladder after drinking the water. A full bladder is helpful.

*\* If at anytime you feel too much pain or unable to hold your bladder please see the front desk for instructions.*
  
- PELVIS Allow 1 hour\***
  - Finish drinking 16 ounces of water 45 minutes before your appointment. Avoid caffeine, coffee, tea and soda.
  - Do not empty your bladder after drinking the water. A full bladder is important.
  - It is best to schedule your appointment within six days following your menstrual period.
  - It is not necessary to be fasting for a pelvic ultrasound procedure.
  - An internal vaginal scan may be required to complete a pelvic ultrasound procedure.

*\* If at anytime you feel too much pain or unable to hold your bladder please see the front desk for instructions.*

**VISITORS:** Please limit the number of visitors, as it may interfere with the exam.

**PATIENTS WITH CHILDREN PRESENT:** Children must be supervised by an adult, other than the patient. The exam will be rescheduled if children are unsupervised.

**MEDICATIONS:** Take regular medications as prescribed.

**NO** video recording or photography is permitted, black and white keepsake pictures will be given for obstetrical exams.