

PATIENT INFORMATION

Last Name: _____
 First Name: _____
 H.C: _____ Sex _____
 Tel: _____ D.O.B _____

REFERRAL INFORMATION

Stat Physician: _____ Tel: _____
 Routine Signature: _____ Fax: _____

CLINICAL INFORMATION

Date LMP: _____
MM/DD/YYYY

ULTRASOUND

GENERAL

- Abdomen
- Pelvis
- Transvaginal
- Transrectal
- Renal
- Other _____

SMALL PARTS

- Sub Mandibular Gland
- Parotid Glands
- Thyroid
- Breast (L R BI)
- Chest
- Groin (L R BI)
- Penile
- Testes / Scrotum
- Hernia
- Abdominal wall
- Other _____

MUSCULOSKELETAL

- L R BI**
- Shoulder
 - Arm
 - Elbow
 - Forearm
 - Wrist & Hand
 - Soft Tissue / Lump
 - Other Muscle
- Areas _____

L R BI

- Hip Joint/Greater Trochanter
- Hamstring/Thigh
- Knee / Pop Fossa
- Calf
- Achilles Tendon / Plantar Fascia
- Foot / Ankle

OBSTETRICAL

- OBS (Below 16 Weeks)
- OBS (Above 16 Weeks)
- OBS (High-risk/problem)
- Nuchal Translucency
- Other _____

US Guided Procedure

- Aspiration 1
- Aspiration 2
- Biopsy
- Other _____

BONE MINERAL DENSITY (BMD)

Ministry of Health regulations: Screening High Risk-Q: 12 M First Follow Up - Q: 36 M Follow Up – Q: 60 M

ULTRASOUND INTRUCTIONS

- ABDOMINAL**
 - Fast for 12 hours prior to test and fat free diet (no dairy, meat, eggs, or fried food) for 24 hours. Nothing by mouth until after examination. Examination is approx. 30 min.
- RENAL ONLY**
 - Drink 2 full glasses (16 oz.) of water prior to the examination. Do not void until after the examination.
- PELVIC / OBSTETRICAL / BLADDER EXAMINATION**
 - A full bladder is essential for these examinations. Do not empty your bladder for two hours before your appointment. Drink 4 full glasses (32 oz.) of liquid except milk. Please complete drinking your fluids at least 1 hour before your appointment.
- THYROID, TESTES, AND MUSCULOSKELETAL**
 - No preparation required.

**ALL CANCELATIONS MUST BE MADE 24 HOURS IN ADVANCE
 YOU MUST BRING THIS FORM TO THE APPOINTMENT
 PLEASE BRING YOUR HEALTH CARD**