



5860 S. Cooper St., #100, Arlington, TX  
817-465-8439 Fax 888-968-8439

## REFERRAL/ORDER FOR ULTRASOUND

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

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Referring Provider Phone/Fax: \_\_\_\_\_

### Obstetrics/Gynecology

- 1<sup>st</sup> Trimester
- 2<sup>nd</sup> Trimester
- 3<sup>rd</sup> Trimester
- Biophysical Profile
- Pelvis
- Transvaginal

### Abdomen/Small Part

- Abdomen (GB/Liver)
- Renal
- Aorta
- Thyroid
- Scrotum
- \_\_\_\_\_

### Cardiac and Vascular

- Diagnostic Echocardiogram
- Screening Echo/EKG  
(asymptomatic only)
- Carotid Duplex
- Venous Duplex (LE)
- Arterial Duplex (LE)
- \_\_\_\_\_

Reason for Exam (symptoms/diagnosis): \_\_\_\_\_

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

Preparation Instructions- **Abdominal Ultrasounds:** Nothing to eat or drink after midnight. **Pelvic Ultrasound:** Full bladder required. Drink 32 oz. of water 45 minutes prior to test.

Physician's Signature \_\_\_\_\_