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REFERRAL/ORDER FOR ULTRASOUND

Patient Name: _____

Patient Address: _____

Date of Birth: _____ Phone #: _____

Patient Email: _____

Referring Provider: _____ Providers NPI # _____

Referring Provider Phone: _____ FAX: _____

Examination

Obstetrics/Gynecology

- 1st Trimester
- 2nd & 3rd Trimester
- 3rd Trimester
- F/U OB
- Biophysical Profile
- BPP W/Measurements
- Pelvis
- Transvaginal or Pelvic

Abdomen/Small Part

- Abdomen Complete
- Liver-Gallbladder-RUQ
- Renal
- Aorta
- Thyroid
- Scrotum
- Breast RT
- Breast LT

Cardiac and Vascular

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

Reason for Exam **(Symptoms/Diagnosis):** _____

Previous Ultrasound Yes No Date: _____

Referring Provider Notes: _____

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

Provider's Signature _____ Date _____