

# ULTRASOUND

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

## APPOINTMENT INFORMATION (Check Appropriate Site)

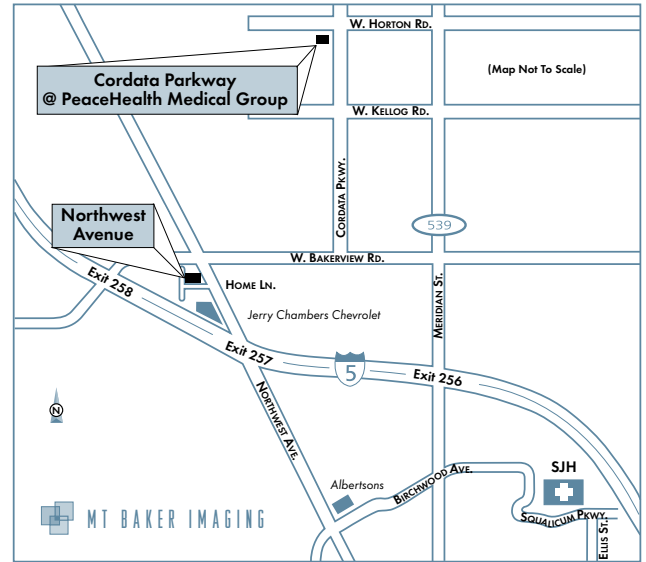
Appointment Date: \_\_\_\_\_

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

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

See Location Map 

- Cordata Parkway @ PeaceHealth Medical Group**  
- 4545 Cordata Pkwy., Lower Level Ste. 4
- Northwest Avenue** - 4029 Northwest Ave, Ste. 201



## 1 PATIENT INFORMATION (please print)

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

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

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

Referring M.D.: \_\_\_\_\_

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* (general and full Duplex Doppler) |  |
|  | <input type="checkbox"/> No Vascular Needed                                  |  |

\* Liver Transplant patients will be scheduled for same day general (MBI) and complete vascular (NWR) exams unless otherwise indicated

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> OB First Trimester (with Nuchal Translucency if 11-14 wks)    | <input type="checkbox"/> OB Second Trimester Detailed anatomy (high risk) | <input type="checkbox"/> OB Growth follow up (EFW)  |
| <input type="checkbox"/> No Nuchal Translucency needed                                 | <input type="checkbox"/> AMA  | <input type="checkbox"/> OB Limited (No EFW) ie: position, fluid, anatomy f/u, placenta, cervix |
| <input type="checkbox"/> Nuchal Translucency Only (prior U/S dating already performed) | <input type="checkbox"/> Diabetic   | <input type="checkbox"/> Biophysical Profile (with Cord/MCA Dopplers)                           |
| <input type="checkbox"/> OB Second Trimester Complete (low risk)                       | <input type="checkbox"/> History of anomaly                               |   |
|  | <input type="checkbox"/> Abnormal biomarker                               |   |
|  | <input type="checkbox"/> Other: _____                                     |   |

## Other – No Preps required

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hernia                                  | <input type="checkbox"/> Shoulder (specify R/L or bilateral)                  | <input type="checkbox"/> Infant Hips (up to 6 months)                     |
| <input type="checkbox"/> Appendix                                | <input type="checkbox"/> Thyroid/Parathyroid/Neck                             | <input type="checkbox"/> Infant Head (up to 12 months)                    |
| <input type="checkbox"/> Scrotal (with Duplex Doppler if needed) | <input type="checkbox"/> Thyroid FNA/Biopsy – Please specify nodule(s): _____ | <input type="checkbox"/> Infant Pyloric Stenosis (see scheduler for prep) |
| <input type="checkbox"/> Ophthalmic A-scan                       |   | <input type="checkbox"/> Other: _____                                     |

## 3 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.