

Patient's Last Name : _____

First Name: _____

Phone #: _____

Health Card # _____

Date of birth: _____ Sex: ☐ M ☐ F

Clinical Information _____

PLEASE BRING VALID HEALTH CARD

STAT

ULTRASOUND call for an Appointment

GENERAL

- ☐ Abdomen
- ☐ Female Pelvis
(include Transvaginal unless contraindicated)
- ☐ Male Pelvis
- ☐ Transrectal
- ☐ Others

MUSCULOSKELETAL

- ☐ ☐ Shoulders
- ☐ Neck
- ☐ ☐ Arms
- ☐ ☐ Elbows
- ☐ ☐ Forearms
- ☐ ☐ Wrist & Hands
- ☐ ☐ Hip Joint/Greater Trochanter
- ☐ ☐ Lumbar Sacra /Gluteal Region
- ☐ ☐ Hamstring/Thigh

- ☐ OBS (Below 16 Weeks)
- ☐ OBS (Above 16 Weeks)
- ☐ OBS (High-risk/problem)

SMALL PARTS

- ☐ Thyroid
- ☐ Sub Mandibular Glands
- ☐ Parotid Glands
- ☐ Tests / Scrotum
- ☐ Groin
- ☐ Penile
- ☐ Soft Tissue / Lump
- ☐ ☐ Breast

- ☐ ☐ Cervical Region
- ☐ ☐ Thoracic Region
- ☐ ☐ Knee/Pop Fossa
- ☐ ☐ Calf
- ☐ ☐ Foot / Ankle
- ☐ ☐ Achilles Tendon
- ☐ ☐ Planta Fascia

Doppler Vascular Studies (Including colour)

ABI _____

Carotids _____

Peripheral arterial area of interest _____

Peripheal Venous area of interest _____

X- RAY call for an Appointment

ABDOMEN

- ☐ Single / KUB
- ☐ Acute (include PA chest)

HEAD & NECK

- ☐ Neck for soft tissues
- ☐ Skull
- ☐ Sinuses
- ☐ Facial Bones
- ☐ Nose
- ☐ Mandible
- ☐ Orbits
- ☐ Temporomandibular joints-TMJ

CHEST

- ☐ Chest PA & LAT
- ☐ Ribs: ☐ R ☐ L ☐ B (includes PA chest)
- ☐ Sternoclavicular Joints
- ☐ Sternum

SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbar (L/S) Spine
- L/S Spine Pelvis & S.I.Joints
- Sacrum/Coccyx
- S.I.Joints
- Pelvis

UPPER EXTREMITIES

- L R
- ☐ ☐ Elbow
- ☐ ☐ Forearm
- ☐ ☐ Shoulder
- ☐ ☐ Humerus
- ☐ ☐ Clavicle
- ☐ ☐ A.C.Joints
- ☐ ☐ Scapula
- ☐ ☐ Wrist
- ☐ ☐ Scaphoid
- ☐ ☐ Hand
- ☐ ☐ Digit 1 2 3 4 5



LOWER EXTREMITIES

- ☐ ☐ Hip
- ☐ ☐ Femur
- ☐ ☐ Knee
- ☐ ☐ Tibia & Fibula
- ☐ ☐ Ankle
- ☐ ☐ Foot
- ☐ ☐ Heel
- ☐ ☐ Toe 1 2 3 4 5
- ☐ ☐ Others view _____



CARDIOLOGY

- ☐ Echocardiogram
- ☐ EKG
- ☐ 24 hrs. Holter Monitor
- ☐ 48 hrs. Holter Monitor

PREGNANCY FORM

I declare, to the best of my knowledge that
I am Not presently pregnant.

Signature: _____

Referring Physician: _____ M.D

C.C. _____

APPOINTMENT

Date: _____

Time: _____

ULTRASOUND PREPARATION

☐ **PREGNANCE OR PELVIS** (Transvaginal and transabdominal)

-Includes Uterus,Ovaries, Bladder,Prostate and pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION.

you must finish drinking 32 ounces (1 litre) of clear fluids (water is preferred) 1 hour before your appointment time. (For example, if your appintment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) Do not go to the washroom! Eat as usual.

Please note: if 5 months pregnant, or more , 16 ounces (1/2 Litre) of fluids should be adequate.

☐ **UPPER ABDOMEN**

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EAMINATION

Do not eat fried or fatty food on the ay before your appointment

● Please note: A small amount of water is allowed if thirsty or with medication

☐ **UPPER ABDOMEN & PELVIS**

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EAMINATION

Do not eat fried or fatty food on the ay before your appointment.

A FULL BALDDER IS REQUIRED FOR THIS EXAMINATION. You mush finish drinking 32 ounces (1 litre) of water by 1 hour before your appointment time. (For example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00) **Do not go to the washroom.**

NO PREPARATION NECESSARY

☐ NECK, THYROID,SCROTUM, BREAST,MUSCULOSKELETAL,SUPERFICIAL MASSES.

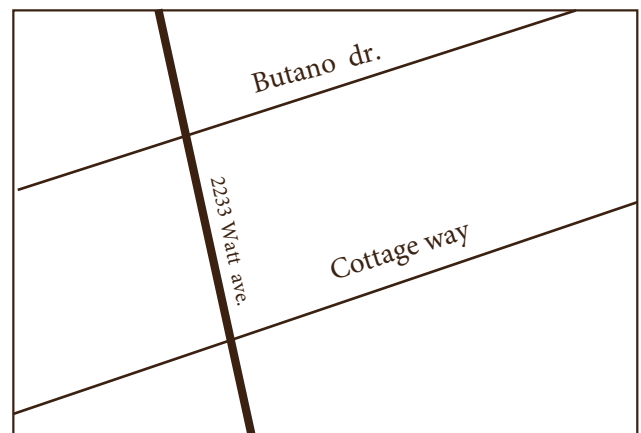
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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All cancellations must be made 24 Hours in Advance