

X-RAY / ULTRASOUND REQUISITION

Ph:(916) 905-55363 | Fax:(916) 877-7693 | Email: hello@sacultrasound.com

Patient's Last Name : _____
 First Name: _____
 Phone #: _____
 Health Card # _____
 Date of birth: _____ Sex: M F

Clinical Information _____

Please have Insurance Card ID ready for registration.
 ROUTINE URGENT 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
 Testes / Scrotum
 Groin
 Penile
 Soft Tissue / Lump
 Breast

MUSCULOSKELETAL

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

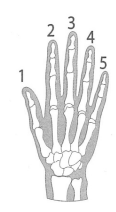
Chest PA & LAT
 Ribs: R L B (includes PA chest)
 Sternoclavicular Joints
 Sternum

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 Information

Physician Name: _____ Signature: _____ NPI: _____ Phone#: _____

Send Reports to: FAX# _____ EMAIL: _____

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 liter) of clear fluids (water is preferred) 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! Eat as usual.

Please note: if 5 months pregnant, or more , 16 ounces (1/2 liter) 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 EXAMINATION

Do not eat fried or fatty food on the day 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 EXAMINATION

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

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must 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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hello@sacultrasound.com
2233 WATT AVE., SUITE
120 SACRAMENTO CA,
95825

