

ULTRASOUND

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

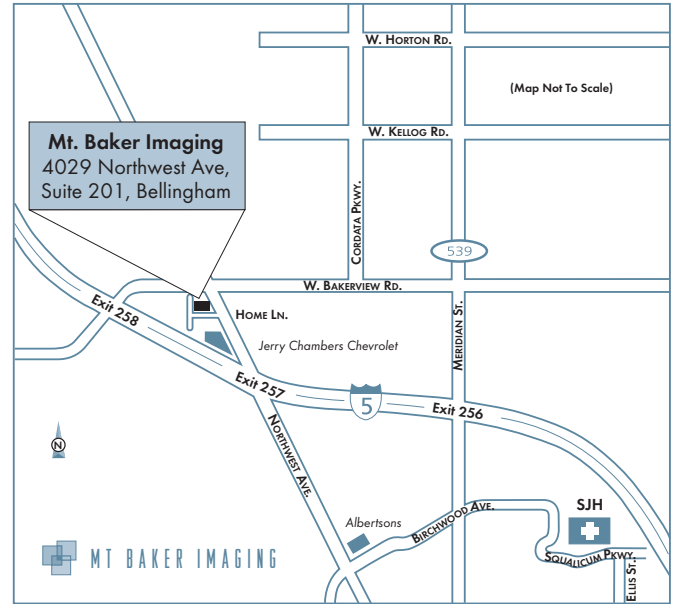
APPOINTMENT INFORMATION (Check Appropriate Site)

Appointment Date: _____

Check in Time: _____

Appointment Time: _____

See Location Map 



Mt. Baker Imaging

4029 Northwest Ave, Suite 201

1 PATIENT INFORMATION (please print)

Name: _____

DOB: _____

Telephone(s): _____

Referring M.D.: _____

CC: _____

Primary Insurance Name: _____

Comparison Films: Patient Bring Office Will Send None

2 ULTRASOUND EXAM ORDERED

Preps Are Required For These Procedures (See Back Of This Form)

- | | | |
|--|--|---|
| <input type="checkbox"/> Abdomen Complete | <input type="checkbox"/> OB First Trimester (with Endovaginal if needed) w/ Nuchal Translucency between 11-14 wks. | <input type="checkbox"/> OB Limited (Position, Fluid, & Cervical Length Only, with Endovaginal and/or Dopplers if needed) |
| <input type="checkbox"/> Aorta Only – AAA assessment | <input type="checkbox"/> No Nuchal Translucency needed | <input type="checkbox"/> Biophysical Profile w/Cord Dopplers |
| <input type="checkbox"/> Kidney (Renal) / Bladder | <input type="checkbox"/> OB with Detailed Assessment (with Endovaginal if needed) | <input type="checkbox"/> Pelvis with Endovaginal (with Dopplers if needed to assess for torsion) |
| <input type="checkbox"/> Liver w/Portal Dopplers* | <input type="checkbox"/> OB Growth Follow-Up (with Dopplers and/or Endovaginal if needed) | <input type="checkbox"/> No Endovaginal (for patients with contraindication) |
| <input type="checkbox"/> No Dopplers needed | | |

*Note: Doppler recommended for Hep-C, Cirrhosis or similar.

Preps Not Required For These Procedures

- | | | |
|---|--|---|
| <input type="checkbox"/> Hernia* | <input type="checkbox"/> Shoulder <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Bilateral | <input type="checkbox"/> Childs Head (up to 12 mos.) |
| <input type="checkbox"/> Scrotal | <input type="checkbox"/> Thyroid | <input type="checkbox"/> Childs Hip(s) (up to 6 mos.) |
| <input type="checkbox"/> w/ Doppler (to assess for torsion) | <input type="checkbox"/> Neck Only (non-thyroid) | <input type="checkbox"/> Ophthalmic |
| | <input type="checkbox"/> Appendix* | <input type="checkbox"/> Other _____ |

*If a complete abdomen ultrasound is also needed; please mark Abdomen Complete box above

3 SIGN / SYMPTOM / KNOWN DIAGNOSIS - Required (No "rule out" or "suspected")

X _____
PROVIDER SIGNATURE REQUIRED

Stat Report Desired
 Direct line (preferably 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).
 - The evening before your exam do NOT eat, drink, chew gum or smoke after 10 p.m. 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 1 hour 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. 1 hour before your appointment drink 8 ounces of water.
 2. Do not empty your bladder after drinking the water. A full bladder is helpful.

- PELVIS** **Allow 1 hour**
 - Finish drinking 16 ounces of water 1 hour 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.

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.