

ULTRASOUND

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

APPOINTMENT INFORMATION (Check Appropriate Site)

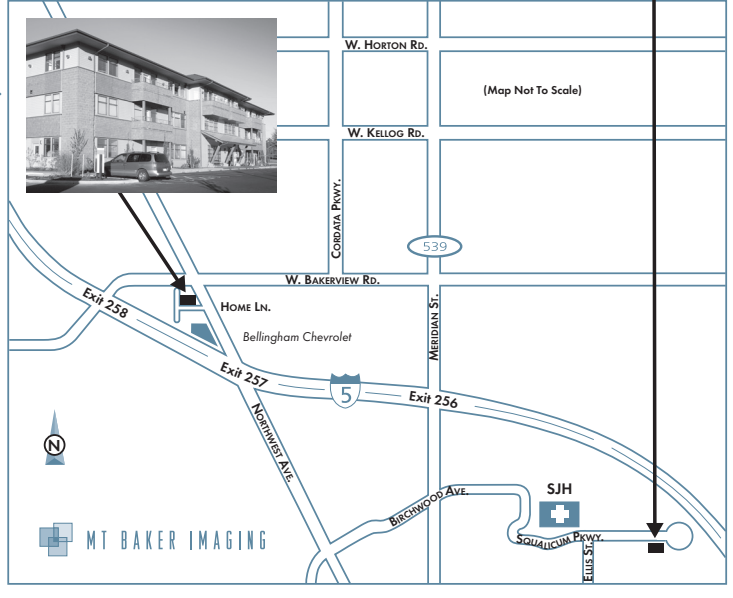
Appointment Date: _____

Check in Time: _____

Appointment Time: _____

See Location Map 

- Northwest Avenue**
4029 Northwest Ave, Ste. 201
- Inside PeaceHealth OB/GYN**
at 3200 Squalicum Pkwy.



1 PATIENT INFORMATION (please print)

Name: _____

DOB: _____

Telephone(s): _____

Referring Provider: _____

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 contradictions) |
| <input type="checkbox"/> Kidney / Bladder | <input type="checkbox"/> Liver Transplant (non-vascular) | |
| <input type="checkbox"/> Kidney transplant (non-vascular) | | |

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

- OB 1st Trimester (with Nuchal Translucency if 11-14 wks)
- No Nuchal Translucency needed
 - Nuchal Translucency Only LMP: _____
- OB 2nd/3rd Trimester
- Fetal Survey (recommend 20-22 weeks)
 - 14-18 weeks (limited anatomy)
 - Follow-up
 - Anatomy Growth
 - Follow-up Limited (position, placenta, cervix, fluid **only**)
- Biophysical Profile, w/ OB Limited
- Include S/D Ratios

Other – No Preps required

- Hernia (site): _____
- Appendix/RLQ
- Scrotal (with Duplex Doppler if needed)
- Shoulder (specify R/L or bilateral)
- Extremity Limited
- Thyroid/Parathyroid/Neck
- Thyroid FNA/Biopsy – Please specify nodule(s): _____
- Infant Hips (6 weeks - 6 months "corrected gestational age")
- Infant Head (up to 12 months)
- Infant Pyloric Stenosis (see scheduler for prep)
- Infant Spine
- 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.
 - * 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.