



Name	D.O.B.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Health No. & V.C.
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Address:	Tel:
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<input type="checkbox"/> CD <input type="checkbox"/> STAT <input type="checkbox"/> VERBAL	<b>X-RAY (NO APPOINTMENT REQUIRED)</b>	<b>ULTRASOUND EXAMINATION</b>
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**BREAST IMAGING**  
(BY APPOINTMENT ONLY)

**MAMMOGRAPHY**  
 **BREAST ULTRASOUND**

Right  Left  Bilateral

R L

**BONE DENSITY**  
(BY APPOINTMENT ONLY)

Baseline  
 Low Risk - 5 yr  
 3 yr - First follow up  
 High Risk - 1 yr

**VASCULAR ULTRASOUND**  
(BY APPOINTMENT ONLY)

**Renal**  
 **Carotid**  
 **Arterial Extremity**

ARM  LEG  L  R  B

**Venous Extremity**

ARM  LEG  L  R  B

**ABDOMEN**

Single view (KUB)  
 Acute (includes Chest PA)

**HEAD & NECK**

Skull  
 Soft Tissue of Neck  
 Nasal Bones  
 Facial Bones  
 Mandible  
 T.M. Joints  
 Orbits

**CHEST**

Chest (PA & LAT)  
 Ribs  L  R  B  
(Includes Chest PA)  
 Sternum  
 S.C. Joints

**UPPER EXTREMITIES**

R  B Shoulder  
  R  B Clavicle  
  B A.C. Joints  
  R  B Scapula  
  R  B Humerus  
  R  B Elbow  
  R  B Forearm  
  R  B Wrist  
  R  B Scaphoid

R  B Hand  
  R  B Finger  
N° 1 2 3 4 5

**SKELETAL SURVEY**

Metastatic Series  
 Arthritic Series  
 Metabolic Series  
 Bone Age

**LOWER EXTREMITIES**

R  B Hip  
  R  B Femur  
  R  B Knee  
  R  B Tib & Fib  
  R  B Ankle  
  R  B Foot  
  R  B Calcaneus  
  R  B Toes - N° 1 2 3 4 5

**SPINE & PELVIS**

Cervical Spine  
 Thoracic Spine  
 Lumbo-Sacral Spine  
 L/S Spine, Pelvis & S.I. Joints  
 Sacrum & Coccyx  
 S.I. Joints  
 AP Pelvis  
 Pelvis & Hip  L  R  B  
 Scoliosis Series

**GENERAL**

Abdomen  
 Renal + Bladder  
 PVR-Post Void Residual  
 Abdomen & Pelvis  
(Includes transvaginal unless contraindicated)  
 Pelvis: (includes transvaginal unless contraindicated)  
 Pelvis: (exclude transvaginal)  
 Abdominal Wall  
 Prostate-Transrectal  
 Testicular / Scrotum  
 Transvaginal  
 Aorta  
 Inguinal Canal/Hernia

**NECK**

Thyroid  Neck mass  
 Salivary Glands

**OBSTETRICAL**

OB Dating (<16wks)  
 IPS (NT) (11-13 wks, 6 days)  
 OB Routine Anatomy Scan (18-20wks)  
 Biophysical Profile (> 30wks)  
 OB High Risk  
 OB Follow Up

**HYSTEROSONOGRAM**

**MUSCULOSKELETAL**

R  B  B Hip  
  R  B  B Hamstring  
  R  B  B Knee  
  R  B  B Achilles Tendon  
  R  B  B Ankle  
  R  B  B Foot  
  R  B  B Shoulder  
  R  B  B Elbow  
  R  B  B Wrist  
  R  B  B Other Muscle Area  
  R  B  B Other Soft Tissue

I DECLARE THAT I AM NOT PRESENTLY PREGNANT \_\_\_\_\_  
SIGNATURE

XRAY  
 ULTRASOUND  
 BMD  
 MAMMOGRAPHY  
 VASCULAR

MD: \_\_\_\_\_  
CC: \_\_\_\_\_

CLINICAL INFORMATION REQUIRED:

DR's OFFICE STAMP

DOCTOR, PLEASE PRINT YOUR NAME AS WELL

# X-RAY • MAMMOGRAPHY • ULTRASOUND • VASCULAR ULTRASOUND • BMD

Cancellation should be made 24 hours before appointment.

## MAMMOGRAPHY PREPARATIONS

**NO POWDER OR DEODORANT**

## ULTRASOUND PREPARATIONS

### ABDOMEN ULTRASOUND

- FAST FOR 8 HOURS, EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NO CARBONATED DRINKS 12 HOURS BEFORE YOUR APPOINTMENT
- NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE EXCEPT WATER
- DO NOT EAT BREAKFAST

### PELVIS ULTRASOUND (ALL TYPES)

- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA)
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION
- NO FASTING NECESSARY

### ABDOMEN AND PELVIS ULTRASOUND TOGETHER

- EAT A FAT FREE DINNER THE NIGHT BEFORE YOUR APPOINTMENT
- NO DAIRY PRODUCTS OR FRIED FOODS
- NOTHING TO EAT AFTER MIDNIGHT THE NIGHT BEFORE
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA)
- DO NOT VOID - A FULL BLADDER IS NECESSARY FOR THE EXAMINATION

### NO PREPARATION IS REQUIRED FOR FOLLOWING

- SCROTAL/TESTICULAR ULTRASOUND
- THYROID ULTRASOUND
- MUSCULOSKELETAL ULTRASOUND (ANY TYPE)

### ALL BARIUM STUDIES

- NOTHING TO EAT OR DRINK 12 HOURS PRIOR TO THE TEST

### OBSTETRICAL ULTRASOUND

- FOR LESS THAN 12 WEEKS: DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH
- FOR 12/18 WEEKS/FOR OVER 18 WEEKS DRINK 2 GLASSES (OR 1 SMALL BOTTLE) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA). YOU MUST EAT BREAKFAST/LUNCH

### NUCHAL TRANSLUCENCY - IPS

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- YOU MUST BRING ALL THE PAPERS FROM YOUR DOCTOR (BLOOD WORK REQUISITION, I.P.S. SCREENING PAPER, ETC.) WITH YOU FOR YOUR APPOINTMENT

### PROSTATE -TRANSRECTAL ULTRASOUND

- PURCHASE A **FLEET ENEMA** FROM THE PHARMACY AND FOLLOW THE INSTRUCTIONS IN THE PACKAGE
- SELF ADMINISTER THE ENEMA 2 HOURS BEFORE YOUR APPOINTMENT TIME
- DRINK 4-5 GLASSES OF WATER (OR 2 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- DO NOT VOID

### HYSTEROSONOGRAM

- DRINK 3 GLASSES OF WATER (OR 1.5 SMALL BOTTLES) OF CLEAR FLUID **TO BE FINISHED ONE HOUR BEFORE** YOUR APPOINTMENT TIME (WATER, JUICE, BLACK COFFEE OR BLACK TEA).
- OCCASIONALLY, PATIENT MIGHT EXPERIENCE SOME CRAMPING DURING OR AFTER HYSTEROSONOGRAM. SHE MAY TAKE 1-2 TABLETS OF IBUPROFEN (TYLENOL OR ADVIL) 1 HOUR BEFORE OR AFTER THE PROCEDURE.