OCEANMED REQUISITION FORM

Unit A-4 Bayshore Mall, P.O. Box 11822, Grand Cayman KY1-1009
Phone: 345-946-2326 Fax: 345-946-2306 Email: appointments@ocean.ky

Appointment Date: _____ Time: _____

PATIENT INFORMATION:

Name: _____

Date of Birth: _____ MRN: _____

Phone: Cell _____ Home _____ Work_____

Email: _____

Insurance: _____ Certificate #: _____

REFERRING PHYSICIAN:

Name: _____

Phone: _____

Fax: _____

Signature: _____

Clinical Indications (DO NOT leave blank - clinical information is essential for interpretation of the requested studies)

ULTRASOUND

GENERAL
- ☐ ABDOMEN
- ☐ LIMITED ABDOMEN
- ☐ RENAL
- ☐ PELVIC
- ☐ TRANSVAGINAL
- ☐ BREAST ☐ RT ☐ LT ☐ BILATERAL
- ☐ THYROID/NECK
- ☐ CAROTID DOPPLER

- ☐ VENOUS LEG ☐ RT ☐ LT ☐ BILATERAL
- ☐ VENOUS ARM ☐ RT ☐ LT ☐ BILATERAL
- ☐ MSK ☐ RT ☐ LT ☐ BILATERAL

  (specify) _____
- ☐ SOFT TISSUE

  (specify) _____
- ☐ OTHER: _____
- ☐ ABUS (AUTOMATED BREAST ULTRASOUND)

OBSTETRICAL
- ☐ OB TRANSVAGINAL
- ☐ OB DATING SCAN
- ☐ NUCHAL TRANSLUCENCY (11-14 WKS)
- ☐ BIOPHYSICAL PROFILE
- ☐ OB DETAILED SCAN (18-20 WEEKS)
- ☐ OB MULTI-GEST DATING SCAN
- ☐ OB MULTI-GEST DETAILED (18-20 WKS)
- ☐ OB 2D ECHOCARDIOGRAPHY

MAMMOGRAPHY

- ☐ ROUTINE SCREENING MAMMOGRAM
- ☐ BILATERAL DIAGNOSTIC MAMMOGRAM (SYMPTOMATIC)
- ☐ UNILATERAL DIAGNOSTIC MAMMOGRAM ☐ RT ☐ LT
- ☐ CONTRAST ENHANCED SPECTRAL MAMMOGRAPHY (CESM)

Creatinine (within 60 days, please provide copy): _____ Date: _____

PLEASE MARK AREA OF CONCERN IF DIAGNOSTIC:

SPECIAL PROCEDURES

- ☐ STEREOTACTIC BREAST BIOPSY ☐ RT ☐ LT ☐ BILATERAL
- ☐ PRE-OP BREAST LOCALIZATION ☐ RT ☐ LT ☐ BILATERAL

  SURGERY DATE/TIME: _____
- ☐ DUCTOGRAM (GALACTOGRAPHY) ☐ RT ☐ LT ☐ BILATERAL
- ☐ ULTRASOUND GUIDED BIOPSY ☐ RT ☐ LT ☐ BILATERAL

  (specify)_____
- ☐ ULTRASOUND GUIDED ASPIRATION ☐ RT ☐ LT ☐ BIL

  (specify)_____

PLEASE BRING THIS REQUISITION WITH YOU TO YOUR APPOINTMENT ALONG WITH YOUR HEALTH CARD AND PHOTO ID

See preparations on the back

EXAMS REQUIRING PREPARATION

EXAM	PREPARATION	DURATION (approximate)
Abdomen Ultrasound	• MORNING APPOINTMENT (BEFORE 1PM): No solid foods or liquids (except water) after midnight. You are required to have an empty stomach • AFTERNOON APPOINTMENT (AFTER 1PM): You may eat a light breakfast (dry toast, black tea or coffee, juice) before 8:00am. No dairy products. Do not eat lunch as you are required to have an empty stomach • Continue your medications as usual <u>INSULIN DEPENDENT DIABETIC PATIENT ONLY</u> • Take your normal insulin dose with clear juice (no food) the day of your appointment • After exam, resume normal routine	30 minutes – 1 hour
Abdomen & Pelvis Ultrasound (combined)	• Nothing to eat for 8 hours prior [if afternoon appointment – after 1pm - you may eat a light breakfast (dry toast, black tea or coffee, juice) before 8:00am. No dairy products. Do not eat lunch as you are required to have an empty stomach] • Continue your medications as usual • Finish drinking 1 litre (32 ounces) of water 1 hour PRIOR to your appointment time. Your bladder must be full for this exam • DO NOT EMPTY your bladder until after the scan <u>INSULIN DEPENDENT DIABETIC PATIENT ONLY</u> • Take your normal insulin dose with clear juice (no food) the day of your appointment • After exam, resume normal routine	45 minutes – 1 hour
Pelvic Ultrasound Obstetrical Ultrasound	• No food restrictions • Continue your medications as usual • Finish drinking 1 litre (32 ounces) of water 1 hour PRIOR to your appointment time Your bladder must be full for this exam • DO NOT EMPTY your bladder until after the scan	30 minutes – 1 hour 30 minutes – 1 hour
Mammogram	• If you have had your previous mammogram at another facility, please arrange to bring the images with you as they will be needed for comparison with your current mammogram • If you are still menstruating, we suggest that you book your exam within the first two weeks following your menstrual period (if possible) • Do not use deodorant, anti-perspirant, talcum powder, ointment or creams on your breasts and underarms the day of your appointment • For your comfort, if your breasts are tender, we recommend that you: o refrain from caffeine for 48 hours prior to your appointment o have your attending physician advise you on any recommended medications to manage tenderness in breasts What to wear: o two-piece outfit as you will be asked to remove everything from your waist up and to put on a gown (It is important that you have something on from your waist down to keep you covered) o if you have long hair, please secure it back prior to your exam	30 minutes – 1 hour
Contrast Enhanced Spectral Mammogram	• Nothing to eat or drink (except water) 4 hours prior to examination • Follow instructions above for Mammogram • Expect to stay in department for 45 minutes post procedure	1.5 hours
Stereotactic Core Biopsy	• No restrictions on food or drink • No blood thinners (including aspirin), for 1 week prior to the procedure (If you are unable to stop the medications, please speak with your referring Physician) • Please notify us if there are any modifications to the prep regarding medications	1 hour