

OceanMed Requisition Form

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OCEAN MED Apr	pointment Date	2:	Time:		
PATIENT INFORMATION:		REF	ERRING PHYSICIAN:		
Name:		Nam	le:		
Date of Birth:		Phor	Phone:		
Phone: PO BOX: KY1		Fax:			
Email:					
nsurance: Certificate #:			ature:		
Clinical Indications (DO NOT leave blank - clini	cal information is	essential for interpreta	tion of the requested studies)		
ULTRASOUND					
GENERAL	BREAST		OBSTETRICS		
 ABDOMEN LIVER ELASTOGRAPHY ABDOMINAL WALL (Pain/Lump/Other) ABDOMEN & PELVIS RENAL (Kidneys/Ureters/Bladder) FEMALE PELVIS TRANSABDOMINAL FEMALE PELVIS TRANSVAGINAL ONLY MALE PELVIS (Prostate & Urinary Tract) SCROTUM/TESTES GROIN (Pain/Lump/Other) RT LT THYROID/NECK OTHER: 	BREAST BREAST RT LT ABUS (Automated Breast Ultrasound) VASCULAR CAROTID DOPPLER RENAL ARTERY STENOSIS STUDY (Hypertension) VENOUS LEG RT VENOUS ARM RT ARTERIAL LEG (ABPI) RT ARTERIAL ARM RT OTHER:		(Please indicate above if Multi-Gestation) DATING or VIABILITY NUCHAL TRANSLUCENCY (11-14 WKS) DETAILED ANATOMY (18-20 WKS) FETAL ECHOCARDIOGRAPHY FETAL ASSESSMENT/GROWTH BIOPHYSICAL PROFILE (32 WKS+) CERVICAL LENGTH OTHER: NEONATAL HEAD NEONATAL HIPS		
MAMMOGRAPHY		SPECIAL PROCED	URES		
ROUTINE SCREENING MAMMOGRAM BILATERAL DIAGNOSTIC MAMMOGRAM (SYMPTOMATIC) UNILATERAL DIAGNOSTIC MAMMOGRAM INT INT INT PLEASE MARK AREA OF CONCERN IF DIAGNOSTIC:		 □ CONTRAST ENHANCED SPECTRAL MAMMOGRAPHY (CESM) Creatinine (within 60 days, please provide copy) Date: □ STEREOTACTIC BREAST BIOPSY □ RT □ LT □ ULTRASOUND GUIDED BIOPSY □ RT □ LT □ ULTRASOUND GUIDED ASPIRATION □ RT □ LT 			
PLEASE BRING THIS REQUISITION WITH YOU TO YOUR APPOINTMENT ALONG WITH YOUR INSURANCE CARD See preparations on the back					

	EXAMS REQUIRING PREPARATION			
EXAM	PREPARATION	DURATION (approximate)		
Abdomen Ultrasound	 DO NOT EAT for 8 hours prior to exam. Clear fluids allowed. No dairy. Morning appointments preferred. Continue your medications as usual. <u>Please notify OceanMed at time of booking if you are diabetic.</u> 	30 minutes		
Pelvic or Renal Ultrasound	 Continue your medications as usual Drink at least two (2) 8-ounce glasses 1 hour before your appointment (you may need to drink more depending on base hydration). Your bladder must be full for this exam. DO NOT EMPTY your bladder until the exam is completed. If you cannot hold please notify tech/receptionist. Transvaginal ONLY pelvic ultrasound requires no prep. 	30 - 45 minutes		
Abdomen & Pelvic	Follow both above	1 hour		
Obstetrical Ultrasound	 First Trimester: Drink at least two (2) 8-ounce glasses 1 hour before your appointment (you may need to drink more depending on base hydration). Your bladder must be full for this exam. Second/Third Trimester: you do not have to fill your bladder. Please eat 30 minutes prior to study. 	30 minutes - 1 hour		
Mammogram Breast Ultrasound	 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: refrain from caffeine for 48 hours prior to your appointment have your attending physician advise you on any recommended medications to manage tenderness in breasts What to wear: 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) 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 the clinic for 45 minutes post procedure 	1.5 hours		
Stereotactic Core or Ultrasound Guided Breast Biopsy	 Eat a light meal prior to arriving Use only products containing acetaminophen (such as Tylenol). Do not take aspirin, ibuprofen (such as Advil) or blood thinners for 1 week prior to the procedure. <u>If you are unable to stop the medications, please notify</u> <u>OceanMed and speak with your referring Physician.</u> Do not use any deodorant, talcum powder or bath oil on the day of the biopsy Wear a loose-fitting, two-piece outfit. Secure hair back prior to exam. Bring or wear a comfortable bra. Expect to stay in clinic for at least 10 mins post procedure 	1 hour		