


PATIENT INFORMATION:			REFERRING PHYSICIAN:		
Name:			Name:		
Date of Birth:			Phone:		
Phone:	PO BOX:	KY1 -	Fax:		
E-mail:			Signature:		
Insurance:	Certificate #:				

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

ULTRASOUND					
GENERAL		BREAST		OBSTETRICS (Please indicate above if multi-gestation)	
Abdomen		Breast	RT	LT	Dating or Viability
Liver Elastography		ABUS (Automated Breast Ultrasound)			Nuchal Translucency (11-14 WKS)
Abdominal Wall (Pain/Lump/Other)		VASCULAR			Detailed Anatomy (18-20 WKS)
Abdomen & Pelvis					Carotid Doppler
Renal (Kidneys/Ureters/Bladder)		Renal Artery Stenosis Study (Hypertension)			Fetal Assessment/Growth
Female Pelvis Transabdominal		Venous Leg	RT	LT	Biophysical Profile (32 WKS+)
Female Pelvis Transvaginal Only		Venous Arm	RT	LT	Cervical Length
Male Pelvis (Prostate & Urinary Tract)		Arterial Leg (ABPI)	RT	LT	Other:
Scrotum/Testes		Arterial Arm	RT	LT	PEDIATRICS
Groin (Pain/Lump/Other)	RT LT	Other:			Neonatal Head
Thyroid/Neck					Neonatal Spine
Other:					

MAMMOGRAPHY		SPECIAL PROCEDURES	
Routine Screening Mammogram		Contrast Enhanced Spectral Mammography (CESM) Creatinine (within 60 days, provide copy) Date:	
Bilateral Diagnostic Mammogram (Symptomatic)		Stereotactic Breast Biopsy	RT LT
Unilateral Diagnostic Mammogram	RT LT	Ultrasound Guided Biopsy	RT LT
Please Mark Area Of Concern If Diagnostic:		Ultrasound Guided Aspiration	RT LT

PLEASE BRING THIS REQUISITION WITH YOU TO YOUR APPOINTMENT ALONG WITH YOUR INSURANCE CARD
 See preparations on next page

EXAMS REQUIRING PREPARATION

EXAM	PREPARATION	DURATION (approximate)
Abdomen Ultrasound	<ul style="list-style-type: none"> + 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	<ul style="list-style-type: none"> + 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. + <u>Transvaginal ONLY pelvic ultrasound requires no prep.</u> 	30 - 45 minutes
Abdomen & Pelvic	<ul style="list-style-type: none"> + Follow both above. 	1 hour
Obstetrical Ultrasound	<ul style="list-style-type: none"> + 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	<ul style="list-style-type: none"> + 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: <ul style="list-style-type: none"> + 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: <ul style="list-style-type: none"> + 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	<ul style="list-style-type: none"> + 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	<ul style="list-style-type: none"> + 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 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