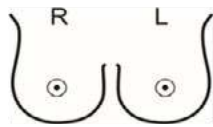


PATIENT INFORMATION:		REFERRING PHYSICIAN:	
Name: _____		Name: _____	
Date of Birth: _____		Phone: _____	
Phone: _____	PO BOX: _____ KY1 - _____	Date of referral: _____	
E-mail: _____		Signature: _____	
Insurance: _____	Certificate #: _____		

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)
<input type="checkbox"/> Abdomen <input type="checkbox"/> Liver Elastography <input type="checkbox"/> Abdominal Wall (Pain/Lump/Other) <input type="checkbox"/> Abdomen & Pelvis <input type="checkbox"/> Renal (Kidneys/Ureters/Bladder) <input type="checkbox"/> Female Pelvis Transabdominal <input type="checkbox"/> Female Pelvis Transvaginal Only <input type="checkbox"/> Male Pelvis (Prostate & Urinary Tract) <input type="checkbox"/> Scrotum/Testes <input type="checkbox"/> Groin (Pain/Lump/Other) <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Thyroid/Neck <input type="checkbox"/> Other: _____	<input type="checkbox"/> Breast <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> ABUS (Automated Breast Ultrasound)  <b>VASCULAR</b> <input type="checkbox"/> Carotid Doppler <input type="checkbox"/> Renal Artery Stenosis Study (Hypertension) <input type="checkbox"/> Venous Leg <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Venous Arm <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Arterial Leg (ABPI) <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Arterial Arm <input type="checkbox"/> RT <input type="checkbox"/> LT <input type="checkbox"/> Other: _____	<input type="checkbox"/> Dating or Viability <input type="checkbox"/> Nuchal Translucency (11-14 WKS) <input type="checkbox"/> Detailed Anatomy (18-20 WKS) <input type="checkbox"/> Fetal Echocardiography <input type="checkbox"/> Fetal Assessment/Growth <input type="checkbox"/> Biophysical Profile (32 WKS+) <input type="checkbox"/> Cervical Length <input type="checkbox"/> Other: _____  <b>PEDIATRICS</b> <input type="checkbox"/> Neonatal Head <input type="checkbox"/> Neonatal Spine

MAMMOGRAPHY	SPECIAL PROCEDURES
<input type="checkbox"/> Routine Screening Mammogram	<input type="checkbox"/> Contrast Enhanced Spectral Mammography (CESM) Creatinine (within 60 days, provide copy) Date: _____
<input type="checkbox"/> Bilateral Diagnostic Mammogram (Symptomatic)	<input type="checkbox"/> Stereotactic Breast Biopsy <input type="checkbox"/> RT <input type="checkbox"/> LT
<input type="checkbox"/> Unilateral Diagnostic Mammogram <input type="checkbox"/> RT <input type="checkbox"/> LT	<input type="checkbox"/> Ultrasound Guided Biopsy <input type="checkbox"/> RT <input type="checkbox"/> LT
Please Mark Area Of Concern If Diagnostic: 	<input type="checkbox"/> Ultrasound Guided Aspiration <input type="checkbox"/> RT <input type="checkbox"/> 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"> <li>+ DO NOT EAT for 8 hours prior to exam. Clear fluids allowed. No dairy.</li> <li>+ Morning appointments preferred.</li> <li>+ Continue your medications as usual.</li> <li>+ <u>Please notify OceanMed at time of booking if you are diabetic.</u></li> </ul>	30 minutes
Pelvic or Renal Ultrasound	<ul style="list-style-type: none"> <li>+ Continue your medications as usual.</li> <li>+ 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.</li> <li>+ DO NOT EMPTY your bladder until the exam is completed. If you cannot hold please notify tech/receptionist.</li> <li>+ <u>Transvaginal ONLY pelvic ultrasound requires no prep.</u></li> </ul>	30 - 45 minutes
Abdomen & Pelvic	<ul style="list-style-type: none"> <li>+ Follow both above.</li> </ul>	1 hour
Obstetrical Ultrasound	<ul style="list-style-type: none"> <li>+ 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.</li> <li>+ Second/Third Trimester: you do not have to fill your bladder. Please eat 30 minutes prior to study.</li> </ul>	30 minutes - 1 hour
Mammogram  Breast Ultrasound	<ul style="list-style-type: none"> <li>+ 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.</li> <li>+ If you are still menstruating, we suggest that you book your exam within the first two weeks following your menstrual period (if possible).</li> <li>+ Do not use deodorant, anti-perspirant, talcum powder, ointment or creams on your breasts and underarms the day of your appointment.</li> <li>+ For your comfort, if your breasts are tender, we recommend that you: <ul style="list-style-type: none"> <li>+ refrain from caffeine for 48 hours prior to your appointment</li> <li>+ have your attending physician advise you on any recommended medications to manage tenderness in breasts.</li> </ul> </li> <li>+ What to wear: <ul style="list-style-type: none"> <li>+ 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)</li> </ul> </li> <li>+ if you have long hair, please secure it back prior to your exam.</li> </ul>	30 minutes - 1 hour
Contrast Enhanced Spectral Mammogram	<ul style="list-style-type: none"> <li>+ Nothing to eat or drink (except water) 4 hours prior to examination.</li> <li>+ Follow instructions above for mammogram.</li> <li>+ Expect to stay in the clinic for 45 minutes post procedure.</li> </ul>	1.5 hours
Stereotactic Core or Ultrasound Guided Breast Biopsy	<ul style="list-style-type: none"> <li>+ Eat a light meal prior to arriving.</li> <li>+ 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></li> <li>+ Do not use any deodorant, talcum powder or bath oil on the day of the biopsy.</li> <li>+ Wear a loose-fitting, two-piece outfit. Secure hair back prior to exam.</li> <li>+ Bring or wear a comfortable bra.</li> <li>+ Expect to stay in clinic for at least 10 mins post procedure.</li> </ul>	1 hour