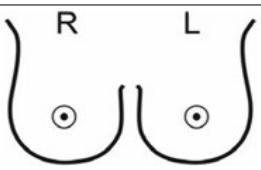


PATIENT INFORMATION:		REFERRING PHYSICIAN:	
Name: _____		Name: _____	
Date of Birth: _____		Phone: _____	
Phone: _____	PO BOX: _____	Date of Referral: _____	
E-mail: _____		Signature: _____	
Insurance: _____	Certificate #: _____		

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"/> Musculoskeletal (MSK)	<input type="checkbox"/> Breast <input type="checkbox"/> RT <input type="checkbox"/> LT VASCULAR <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 OTHER <input type="checkbox"/> Please Specify _____	<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"/> 2nd/3rd Trimester Growth <input type="checkbox"/> Biophysical Profile (32 WKS+) <input type="checkbox"/> Cervical Length <input type="checkbox"/> Other: _____ PEDIATRICS <input type="checkbox"/> Neonatal Head <input type="checkbox"/> Neonatal Spine

MAMMOGRAPHY	SPECIAL PROCEDURES
<input type="checkbox"/> Routine Screening Mammogram <input type="checkbox"/> Bilateral Diagnostic Mammogram (Symptomatic) <input type="checkbox"/> Unilateral Diagnostic Mammogram <input type="checkbox"/> RT <input type="checkbox"/> LT	<input type="checkbox"/> Contrast Enhanced Spectral Mammography (CESM) Creatinine (within 60 days, provide copy) Date: _____ <input type="checkbox"/> Stereotactic Breast Biopsy <input type="checkbox"/> RT <input type="checkbox"/> LT PTT & INR required, provide copy <input type="checkbox"/> Ultrasound Guided Biopsy <input type="checkbox"/> RT <input type="checkbox"/> LT PTT & INR required, provide copy <input type="checkbox"/> Ultrasound Guided Aspiration <input type="checkbox"/> RT <input type="checkbox"/> LT PTT & INR required, provide copy
Please Mark Area Of Concern If Diagnostic: 	

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 <small>(approximate)</small>
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. + 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. <ul style="list-style-type: none"> + 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