

PATIENT INFORMATION

Name: _____
Address: _____
Phone: _____
SK Health Card #: _____
Date of Birth: _____

APPOINTMENT

Date: _____
Time: _____

CLINICAL HISTORY

Male Female

Pregnant?

No Yes LMP: _____

Ultrasound

Abdomen and Pelvis

- Abdomen
- Pelvis
- Renal
- Scrotal

Head and Neck

- Neck (Mass/Lymph Nodes)
- Thyroid/Parathyroid

MSK and Soft Tissue

- Shoulder R L
- Knee R L
- Hernia; specify location: _____
- Mass; specify location: _____

Venous

- Lower extremity DVT
- R L
- Upper extremity DVT
- R L

Obstetrical

- Complete OB Series (Early, NT, and Detailed)**
- Early Obstetric (<14 wks)**
 - with Nuchal Translucency Screening
- Detailed Fetal Anatomy (>18 wks)**
 - with Uterine Artery Doppler
- Obstetric >28 wks**
 - with Biophysical Profile (BPP)
 - with Doppler

Other Ultrasound Exam

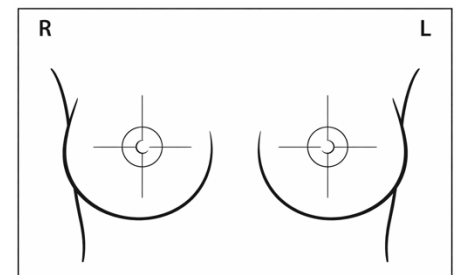
Breast Imaging

Mammography

- Mammogram with breast ultrasound if clinically indicated

Breast Ultrasound

- R L Bilateral



If applicable, indicate area of abnormality above

REFERRING CLINICIAN

Physician's Name: _____
Physician's Signature: _____
Fax Number: _____
Phone Number: _____
CC Report To (Name): _____
CC Report To (Fax Number): _____

PREPARATION INSTRUCTIONS

MAMMOGRAPHY | No deodorant or talcum powder before the examination.

ULTRASOUND | Abdomen: Nothing to eat or drink 8 hrs prior to exam (except medications with a sip of water).

Pelvis/Renal/Bladder/Obstetrics (<14 weeks): Full bladder: drink 4 glasses of water 1 hr prior to exam.

Obstetrics (14-20 weeks): Full bladder: drink 3 glasses of water 1 hr prior to exam.

Obstetrics (>20 weeks): Drink 1 glass of water 1 hr prior to exam.