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|---------------------------------|----------------|-------------|-----------|
| Patient's Last Name, First Name | DOB (DD/MM/YY) | Sex (M/F/O) | Telephone |
|---------------------------------|----------------|-------------|-----------|

| | | |
|-------------------------------------|------------------|------|
| Healthcard Number with Version Code | Appointment Date | Time |
|-------------------------------------|------------------|------|

Pertinent Clinical Information:

Physician Signature: _____ Copy to: _____

| | | | |
|-------------------|-----------------------|--------------|----------------|
| ULTRASOUND | By Appointment | X-RAY | Walk-In |
|-------------------|-----------------------|--------------|----------------|

GENERAL

- Abdomen
- Limited Abdomen
- Female Pelvis (transabdominal)
- Female Pelvis (transvaginal)
- Male Pelvis
- Prostate (transrectal)
- KUB (Kidneys & Bladder)

OBSTETRICAL

- Early OBS/Dating
- Anatomical Scan (18-20 Wks)
- 2nd/3rd Trimester

VASCULAR

- Carotid Doppler
- R L**
- Upper Limb Arterial Doppler
 - Upper Limb Venous Doppler
 - Lower Limb Arterial Doppler
 - Lower Limb Venous Doppler

SMALL PARTS

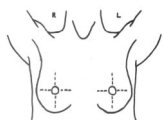
- Thyroid
- Neck
- Sub-Mandibular Glands
- Parotid Glands
- Testes/Scrotum
- Groin
- Hernia—Side _____
- Soft Tissue/Lump
- Other _____

BREAST ULTRASOUND

- Right Left

MAMMOGRAPHY

- Right Left



MUSCULOSKELETAL

- R L**
- Shoulder
 - Arm
 - Elbow
 - Forearm
 - Wrist & Hands
 - Hip Joint
 - Lumbosacral
 - Cervical Region
 - Thoracic Region
 - Thigh
 - Knee
 - Calf
 - Popliteal Fossa
 - Foot
 - Ankle
 - Achilles Tendon
 - Plantar Fascia
 - Gluteal Region

BONE DENSITY

(Walk-in or By Appt)

- Baseline
- Low Risk (every 3 years)
- High Risk (every year)

Previous Scan

Date: _____

Location: _____

CHEST

- Chest PA & Lateral
- Ribs R L
- Sternum

HEAD & NECK

- Skull
- Facial Bones
- Nose
- Mandible
- TM Joints
- Mastoids
- Neck, Soft Tissue
- Pre-MRI Orbits

ABDOMEN

- Single View
- Two or more Views

SPINE & PELVIS

- Cervical Spine
- Thoracic Spine
- Lumbosacral Spine
- Sacrum & Coccyx
- Scoliosis Series
- Pelvis
- Sacro-Iliac Joints
- Pre-MRI Orbits
- Skeletal Series
- Bone Age

UPPER EXTREMITIES

- R L**
- Clavicle
 - A-C Joints
 - S-C Joints
 - Shoulder
 - Scapula
 - Humerus
 - Elbow
 - Forearm
 - Wrist
 - Scaphoid
 - Hand
 - Wrist & Thumb
 - Finger & Thumb
- 1 2 3 4 5

LOWER EXTREMITIES

- Hip
- Femur
- Knee
- Tibia & Fibula
- Ankle
- Calcaneous
- Foot
- Toe 1 2 3 4 5
- Other _____

CLINICAL NOTES:

| | |
|--|----------------------|
| PREGNANCY RELEASE | # of images: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ | Tech Initials: _____ |