



# ALASKA FAMILY

SONOGRAMS, INC.

Leading-edge ultrasound. Unsurpassed commitment.

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Aksonogram.com

## ULTRASOUND REFERRAL

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Appt: \_\_\_\_\_ at \_\_\_\_\_  AM  
Date Time  PM

Indication/History: \_\_\_\_\_

DX Code: \_\_\_\_\_ Physician: \_\_\_\_\_

<input checked="" type="checkbox"/>	<b>ABDOMINAL</b>		
	Abdomen - General	<p><b><u>Preparation Instructions</u></b></p> <p>Do not eat or drink 8 hours before your appointment.  <small>(A sip of water to take medication is ok)</small></p>	
	Abdomen - Hernia (specify in Indication/History at top)		
	Abdomen - Limited (single quadrant)		
	Abdomen - Aorta Complete		
	Abdomen - Aorta Screening		
	Abdomen - Renal / Bladder		
	<b>RENAL PREP- Drink 24 oz of water 45 minutes before appointment.</b>		
<b>GYNECOLOGICAL</b>			
	Pelvic - Includes endovaginal	<p><b><u>Preparation Instructions</u></b></p> <p>Drink two 8 oz glasses of water 30 minutes before your appointment.</p>	
	Pelvic - Follicle Study		
	Pelvic - Repeat/Limited Exam		
	Pelvic - Sonohysterogram		
<b>OBSTETRICAL</b>			
Use EDD of: _____ from		<b>LMP</b> <input type="checkbox"/> <b>Prior Sonogram</b> <input type="checkbox"/>	
	OB - Specify <b>DX Code</b> at top of form or check below	<p><b><u>Preparation Instructions</u></b></p> <ul style="list-style-type: none"> <li>• Drink two 8 oz glasses of water 30 minutes before your appointment.</li> <li>• Do not empty your bladder after you drink your water.</li> </ul>	
	<input type="checkbox"/> Anatomy Screening		
	<input type="checkbox"/> Biophysical Profile		
	<input type="checkbox"/> Check Dates		
	<input type="checkbox"/> Follow-Up		
	<input type="checkbox"/> Large for Dates		
	<input type="checkbox"/> Limited OB - Specify reason in indication/history at top		
	<input type="checkbox"/> N/T Screening		
	<input type="checkbox"/> Small for Dates (w/Dopplers when indicated)		
	Fetal Echocardiogram		
	High Risk Detailed Scan (e.g. Level 2)	3600 Lake Otis Parkway, Suite 101	
<b>OTHER</b>			
	Musculoskeletal (specify region in Indication/History at top)		
	Testicular / Scrotal		
	Extremity-Nonvascular (specify region in Indication/History)		
<b>VASCULAR</b>			
	Carotid Duplex - Bilateral		
	Venous Doppler - Arms <b>R</b> <input type="checkbox"/> <b>L</b> <input type="checkbox"/>		
	Venous Doppler - Legs <b>R</b> <input type="checkbox"/> <b>L</b> <input type="checkbox"/>		
<b>NECK / THYROID</b>			
	Neck		
	Thyroid		