

LUXURY DIAGNOSTIC & RECOVERY CENTER

1840 W 49TH ST SUITE 517
HIALEAH, FL 33012
PH (786) 663-7276
FAX (305) 397-2988

Appointment Date

Time: _____

EXAM PRIORITY:

ROUTINE ASAP STAT

DIAGNOSTIC ULTRASOUND REQUISITION FORM

PATIENT INFORMATION

Patient Full Name: _____

Date of Birth (DOB): _____ Gender: M F

Diagnosis / ICD-10 Code: _____

Medical Indication: _____

REFERRING PHYSICIAN

Physician Full Name: _____

NPI Number: _____ Office Phone: _____

Office Fax: _____

Physician Signature: _____ Date: _____

ULTRASOUND EXAMINATIONS — SELECT ALL THAT APPLY

GENERAL IMAGING & DIAGNOSTIC

- Thyroid Parathyroid
- Neck Parotid
- Soft Tissue
- Carotid IJV
- Chest / Lungs
- Breast RT LT
- MSK (Non-Joint)
- Abdomen Complete
- Abdomen Limited
- Renal Bladder
- Pelvic TV (Transvaginal)
- Prostate Transabdominal
- Testicular

PEDIATRIC ULTRASOUND

- Baby Head
- Spine
- Dynamic Hip
- Pyloric
- General Pediatric US

VASCULAR & DOPPLER

- US Carotid
- US Temporal Art
- US Abdominal Doppler
- US Renal Artery Doppler
- US Mesenteric Doppler
- US Liver Doppler
- US Aorta Complete
- US Extremities Veins Arteries
 Bil Rt Lt
- US Vein Mapping (Leg/Arm)
 Bil Rt Lt
- US Dialysis Graft / Fistula

OB SERVICES

- OB Less 12 Weeks
- OB More 12 Weeks
- Nuchal Translucency
- Placenta Doppler
- OB Limited
- BPP

MSK — JOINTS / TARGETED

- Shoulder Elbow
- Wrist Hand
- Hip Knee
- Ankle Foot
- Soft Tissue Mass
- Joint Effusion
- Tendon Evaluation
- Ligament Injury
- Bil Rt Lt

This form must be submitted via fax or email prior to the patient's appointment. Please ensure Physician Signature and NPI Number are present.