LUXURY DIAGNOSTIC
& RECOVERY

# LUXURY DIAGNOSTIC & RECOVERY CENTER

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## ULTRASOUND ORDER FORM

**Patient Name:** _____ **Patient Phone:** _____ **DOB:** _____

**Physician Name:** _____ **Date:** _____

**Office Phone:** _____ **Office Fax:** _____ **Physician Signature:** _____

**Comment / Other Exam / Diagnosis:** _____

## HEAD / FACE / NECK ULTRASOUND.

- ◯ Soft Tissue Head, Face or Neck
- ◯ Neck Lymph Nodes Stations w/ Doppler
- ◯ Thyroid-Parathyroid glands w/ Doppler
- ◯ Parotid / Submandibular glands w/ Doppler
- ◯ Complete Transcranial Arterial Doppler
- ◯ Carotid Arteries / Branches / Vertebral Arteries Doppler
- ◯ External Carotid Artery with Temporal Artery Doppler
- ◯ Vertebral Artery / Basilar Artery Doppler **(Vertebrobasilar Syndrome)**

## CHEST-LUNG / HEART / BREAST ULTRASOUND.

- ◯ Soft Tissue Chest Wall / Ribs-Cartilage / w/ Doppler
- ◯ Female Breast and Axillary Area w/ Doppler
- ◯ Axillary Area w/ Doppler.
- ◯ Lung / Pleura / Diaphragm **(Cardiogenic / Non-Cardiogenic Interstitial Syndrome)**
- ◯ Male Breast and Axillary Area w/ Doppler

## ABDOMINAL ULTRASOUND.

- ◯ Soft Tissue Abdominal Wall / Back Wall
- ◯ Abdominal Complete
- ◯ Liver
- ◯ Liver w/ Vascular Flow
- ◯ Gallbladder / Biliary Tract
- ◯ Pancreas
- ◯ Renal
- ◯ Adrenal
- ◯ Hepatic and Portal System Doppler
- ◯ Right Upper Quadrant
- ◯ Spleen w / Doppler
- ◯ Mesenteric Artery Doppler
- ◯ Right Lower Quadrant
- ◯ Abdominal Aorta / Iliac Arteries w/Doppler
- ◯ Left Upper Quadrant
- ◯ Renal Complete w/ Renal Artery Doppler
- ◯ Left Lower Quadrant
- ◯ Inferior Vena Cava / Iliac Veins w/Doppler

## PELVIC / GROIN / GENITALIA / PROSTATE ULTRASOUND.

- ◯ Groin (Inguinal)
- ◯ Transabdominal Prostate / Male Pelvic
- ◯ Bladder w / Post Void Vol.
- ◯ Transabdominal Female Pelvic w/ Doppler
- ◯ Transvaginal w/ Doppler
- ◯ Testicular / Scrotal / Spermatic Cord w/ Doppler

Comments: _____

## OBSTETRIC ULTRASOUND.

- ◯ Diagnostic 1st Trimester Obstetric
- ◯ 1st, 2nd, 3rd Trimester
- ◯ Obstetric Doppler 1st, 2nd, 3rd Trimester

Comments: _____

## MUSCULOSKELETAL / SOFT TISSUE / PERIPHERAL NERVES ULTRASOUND.

- ◯ Adult Hip
- ◯ Gluteal
- ◯ Thigh
- ◯ Knee / Popliteal
- ◯ Leg (Calf)
- ◯ Ankle-Foot
- ◯ Shoulder
- ◯ Arm
- ◯ Elbow
- ◯ Forearm
- ◯ Wrist-Hand
- ◯ Median Nerve
- ◯ Ulnar Nerve
- ◯ Radial Nerve
- ◯ Peroneal Nerve
- ◯ Tibial Nerve

## EXTREMITIES VASCULAR DOPPLER ULTRASOUND.

Upper Extremity Vein Doppler. Rt ◯ Lt ◯
Upper Extremity Artery Doppler. Rt ◯ Lt ◯
Lower Extremity Vein Doppler. Rt ◯ Lt ◯
Lower Extremity Artery Doppler. Rt ◯ Lt ◯
Hand Arterial Doppler. Rt ◯ Lt ◯
Foot Arterial Doppler. Rt ◯ Lt ◯