

**Adult and Pediatric Ultrasound Requisition Form**

Patient Name: _____	Patient Phone: _____	DOB: _____
Physician Name and NPI : _____		Date: _____
Office Phone: _____	Office Fax: _____	Physician Signature: _____
Diagnosis / Comments: _____		

HEAD / FACE / NECK ULTRASOUND.

- | | |
|---|--|
| <input type="radio"/> Soft Tissue Head, Face or Neck | <input type="radio"/> Complete Transcranial Arterial Doppler |
| <input type="radio"/> Neck Lymph Nodes Stations w/ Doppler | <input type="radio"/> Carotid Arteries / Branches / Vertebral Arteries Doppler |
| <input type="radio"/> Thyroid-Parathyroid glands w/ Doppler | <input type="radio"/> Temporal Artery Doppler |
| <input type="radio"/> Parotid / Submandibular glands w/ Doppler | <input type="radio"/> Vertebral Artery / Basilar Artery Doppler |

CHEST-LUNG / BREAST ULTRASOUND.

- | | |
|--|---|
| <input type="radio"/> Soft Tissue Chest Wall | <input type="radio"/> Lung / Pleura / Diaphragm |
| <input type="radio"/> Female Breast and Axillary Area w/ Doppler ___ Uni ___ Bil | <input type="radio"/> Male Breast and Axillary Area |
| | <input type="radio"/> Axillary Area w/ Doppler. |

ABDOMINAL ULTRASOUND.

- | | | | | |
|--|--|---|-------------------------------|--|
| <input type="radio"/> Soft Tissue Abdominal Wall / Back Wall | <input type="radio"/> Pancreas | <input type="radio"/> Renal | <input type="radio"/> Adrenal | <input type="radio"/> Spleen ___ Spleen w / Doppler |
| <input type="radio"/> Abdominal Complete | <input type="radio"/> Right Upper Quadrant | <input type="radio"/> Mesenteric Artery Doppler | | |
| <input type="radio"/> Liver | <input type="radio"/> Right Lower Quadrant | <input type="radio"/> Abdominal Aorta / Iliac Arteries w/ | | |
| <input type="radio"/> Hepatic and Portal System Doppler | <input type="radio"/> Left Upper Quadrant | <input type="radio"/> Renal Artery Doppler | | |
| <input type="radio"/> Gallbladder / Biliary Tract | <input type="radio"/> Left Lower Quadrant | <input type="radio"/> Inferior Vena Cava / Iliac Veins w/ Doppler | | |

PELVIC / GROIN / GENITALIA / PROSTATE ULTRASOUND.

- | | |
|---|---|
| <input type="radio"/> Groin (Inguinal) | <input type="radio"/> Transabdominal Female Pelvic w/ Doppler |
| <input type="radio"/> Transabdominal Prostate / Male Pelvic | <input type="radio"/> Transvaginal w/ Doppler |
| <input type="radio"/> Bladder w / Post Void Vol. | <input type="radio"/> Testicular / Scrotal w Doppler |

OBSTETRIC ULTRASOUND.

- | | | |
|---|---|---|
| <input type="radio"/> 1st Trimester Obstetric | <input type="radio"/> 2nd Trimester Obstetric | <input type="radio"/> 3rd Trimester Obstetric |
|---|---|---|

MUSCULOSKELETAL / SOFT TISSUE / PERIPHERAL NERVES ULTRASOUND.

- | | | |
|---|---|--|
| <input type="radio"/> Pediatric Hip | <input type="radio"/> Pediatric Spine | <input type="radio"/> Arm ___BL ___RT ___LT |
| <input type="radio"/> Shoulder ___BL ___RT ___LT | <input type="radio"/> Thigh ___RT ___LT | <input type="radio"/> Knee/Popliteal ___RT ___LT |
| <input type="radio"/> Median Nerve | <input type="radio"/> Elbow ___RT ___LT | <input type="radio"/> Forearm ___RT ___LT |
| <input type="radio"/> Ulnar Nerve | <input type="radio"/> Radial Nerve | <input type="radio"/> Peroneal Nerve |
| | <input type="radio"/> Leg (Calf) | <input type="radio"/> Ankle-Foot |
| | <input type="radio"/> Wrist-Hand | <input type="radio"/> R/O Carpal Tunnel |
| | <input type="radio"/> Tibial Nerve | <input type="radio"/> R/O Fascitis Plantar |

EXTREMITIES VASCULAR DOPPLER ULTRASOUND.

- | | | | |
|---|---|---|-----------------------------------|
| Upper Extremity Vein Doppler. Rt <input type="radio"/> Lt <input type="radio"/> | Lower Extremity Vein Doppler. Rt <input type="radio"/> Lt <input type="radio"/> | Fistula/ Graft <input type="radio"/> | Palmar Arch <input type="radio"/> |
| Upper Extremity Artery Doppler. Rt <input type="radio"/> Lt <input type="radio"/> | Lower Extremity Artery Doppler. Rt <input type="radio"/> Lt <input type="radio"/> | Legs Vein Mapping <input type="radio"/> | |