The Sonogram Specialist, LLC

Ultrasound Order Form

Patient Name:	DOB:
Patient Phone Number:	Primary Ins: #
Patient Address:	Second Ins: #
	Ordering Clinician:
Reason for exam/Diagnosis Code:	

Abdominal Scans

- ☐ US Abdomen Complete
- ☐ US Abdomen Limited
- ☐ US Renal
- ☐ US Bladder
- ☐ US Abd w/ Doppler
- ☐ US Aorta
- ☐ Soft Tissue

Cardiovascular Scans

- ☐ Arterial Doppler + ABI: Both legs
- ☐ Arterial Doppler: One leg, Side: _____
- ☐ Venous Doppler: Both legs
- ☐ Venous Doppler: One leg, Side: _____
- ☐ Arterial Doppler: Both Arms
- ☐ Arterial Doppler: One arm, side: _____
- ☐ Venous Doppler: Both arms
- ☐ Venous Doppler: One arm, side: _____
- ☐ Carotid Doppler
- ☐ ABI Only
- ☐ **Echocardiogram**

OB/GYN Scans

☐ Pelvic GYN: ___ Transvaginal only ___ Transabdominal only ___ Both if indicated

- ☐ OB 1st Trimester Complete
- ☐ OB 2/3 Trimester Complete (Anatomy scan)
- ☐ OB 2/3 Trimester Complete (Anatomy scan)
- ☐ OB Limited (only AFI or presentation)
- ☐ OB Transvaginal
- ☐ BPP only
- ☐ BPP + growth
- ☐ OB Growth (EFW / dating)

Notes: _____

_____

Other Scans

- ☐ US Thyroid
- ☐ US Scrotum w/Doppler
- ☐ US Neonatal Head
- ☐ US Chest
- ☐ US Extremity Soft Tissue
- ☐ US Infant Hips
- ☐ US Soft Tissue Head/Neck
- ☐ _____
- ☐ US Breast, Bilateral
- ☐ US Breast, Uni, Side: ___

Ordering Physician Signature:_____ Date:_____

Phone number:_____ Facility Name:_____

Fax:_____

Located in The Atrium, Downtown Cleveland

303 Cotton Row, Ste. 113 Cleveland, MS 38732

Phone: 662-588-8616 Fax: 662-350-7072