



REQUIRED INFORMATION (if available)

Patient Name: _____ Date of Birth: ____/____/____
Phone:(____)____-____ Mobile:(____)____-____ Email: _____
Insurance Carrier: _____ Member ID: _____ Secondary insurance: _____
Ref. Physician: _____ Ph#: (____)____-____ Fax# (____)____-____
PCP: _____ Ph#: (____)____-____ Fax# (____)____-____
Special Instructions: _____

ABDOMEN

- Complete
Limited
Appendix
Hernia
Doppler ICD 10 REQUIRED

AORTA

- Complete w/ Doppler

RENAL / RETROPERITONEAL

- Complete / Bladder
Renal Artery Stenosis W/ Doppler

BREAST

- Bilateral
Right Left
Aspiration
Biopsy w/ Clip placement (if needed)
Localization Device w/o Bx

CHEST

- Soft Tissue

THYROID / HEAD & NECK

- Complete
Parathyroid
Parotid
Consult W/ Bx if indicated
Fine Needle Aspiration Biopsy
Fine Needle Aspiration W/ Genomic testing
Repeat Bx ± Genomic Testing
Core Biopsy
Lymph Node Mapping

LYMPH NODES

- Location: _____
Consult w/ Possible Bx
Mapping
Core Biopsy
Pre surgery Markings

MUSCULOSKELETAL

- Extremity
Upper Right Left
Lower Right Left
Carpal Tunnel
Aspiration
Ganglia Baker Cyst
Hematoma
Arthrocentesis Small Joints (Fingers, Toes)
Arthrocentesis Medium Joints (Wrist, Elbow, Ankle.)
Arthrocentesis Large Joints (Shoulders, Hips, Knees)

PAIN MANAGEMENT

- 1-2 Muscle Trigger points
3+ muscles trigger points
Nerve
Tendon / Ligament
Joints
Trepination
Steroid Injection

PELVIC / GYN

- Transvaginal (TV)
W/ Doppler ICD 10 REQUIRED
Transabdominal (TA)
W/ Doppler ICD 10 REQUIRED
Limited Exam TA or TV
Ovarian Cyst Aspiration TV or TA
Sonohysterogram

TESTICULAR

- Scrotum complete W/ Doppler

OBSTETRIC

- Under 14 weeks
OTA TV
18+ weeks TA / Fetal Survey
18+ weeks TA Multiple
Biophysical Profile
OB Follow up
R/O Ectopic W/ Doppler
R/O RPOC W/ Doppler
Re-Evaluation

PEDIATRIC

- Location

VASCULAR

- Abdominal
Mesenteric
Liver

VASCULAR (ARTERIAL)

- Carotid Bilateral
Carotid Limited Right Left
Upper Extremity Right Left
Lower Extremity Right Left

VASCULAR (VENOUS)

- Upper Extremity Right Left
Lower Extremity Right Left
Rule out DVT

OTHER
