

# ALASKA FAMILY

SONOGRAMS, INC.

Leading-edge ultrasound. Unsurpassed commitment.

## SONOGRAM REQUEST

**AKsonogram.com**

(907) 561-3601

FAX: (907) 561-3900

3600 Lake Otis Parkway, Suite 101  
Anchorage, Alaska 99508

Patient Name \_\_\_\_\_

Physician \_\_\_\_\_ Patient  
D.O.B. \_\_\_\_\_

We look forward to seeing you on:

AM

PM

\_\_\_\_\_ at \_\_\_\_\_  
Date Time

### Type of Exam:

**Prep for Exam on Back**

Obstretical } EDC of \_\_\_\_\_ from LMP  
Includes transvaginal }  
exam when necessary. } EDC of \_\_\_\_\_ from prior sonogram

First Trimester Screen  
Nuchal Translucency.

Limited Obstretical  
Check 1-2 specific areas.

Biophysical Profile

Pelvic

Follicular Study

Sonohysterogram

Abdominal

Limited Abdominal  
One quadrant or one organ.

Renal

Thyroid

Neck/Lymph Nodes  
(Excludes Thyroid)

Testicular

Carotid Artery

Right Extremity Venous

Lower

Upper

Left Extremity Venous

Lower

Upper

Other: \_\_\_\_\_

Diagnosis Code (Required) \_\_\_\_\_

Indication/History: \_\_\_\_\_

PREFERRED PROVIDER FOR: AETNA, AK Electrical & ASEA through AETNA choice POS II, Beech Street, Blue Cross, CIGNA, Denali Kid Care, Medicaid, Medicare, MultiPlan, Triwest (Military), United Healthcare through MultiPlan and VA Healthcare System.