



# ALASKA FAMILY SONOGRAMS, INC.

Leading-edge ultrasound. Unsurpassed commitment.

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Aksonogram.com

## ULTRASOUND REFERRAL

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_ Appt: \_\_\_\_\_ at \_\_\_\_\_  AM  
Date Time  PM

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

DX Code: \_\_\_\_\_ Provider: \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/>       | <b>ABDOMINAL</b>  |  |  |
| <input type="checkbox"/>                  | Abdomen - Complete  | <u><b>Preparation Instructions</b></u><br>No food/drink 8 hours before your appt.<br>(A sip of water to take medication is ok)<br><br>Elastography: No alcohol 12 hours before appointment   |  |
| <input type="checkbox"/>                  | Aorta   |  |  |
| <input type="checkbox"/>                  | Hernia (Specify region in Indication/History above)   |  |  |
| <input type="checkbox"/>                  | Limited Abdomen (RUQ)   |  |  |
| <input type="checkbox"/>                  | Shear Wave Elastography Ultrasound  |  |  |
| <input type="checkbox"/>                  | Renal / Bladder   | <b>RENAL PREP-</b> Drink 24 oz of water 45 minutes before appointment.   |  |
| <b>GYNECOLOGICAL</b>                      |   |  |  |
| <input type="checkbox"/>                  | Infertility - Follicle Study    Cycle Day: _____  | <u><b>Preparation Instructions</b></u><br>Drink two 8 oz glasses of water 30 minutes before your appointment.  |  |
| <input type="checkbox"/>                  | Pelvic - Complete (Includes endovaginal)  |  |  |
| <input type="checkbox"/>                  | Pelvic - Limited  |  |  |
| <input type="checkbox"/>                  | Saline Infused Sonohysterogram  |  |  |
| <b>OBSTETRICAL</b>                        |   |  |  |
| Use EDD of: _____ from                    |   | <b>LMP</b> <input type="checkbox"/> <b>Prior Sonogram</b> <input type="checkbox"/>   |  |
| OB:                                       | _____   | <u><b>Preparation Instructions</b></u><br><br><ul style="list-style-type: none"> <li>• Drink two 8 oz glasses of water 30 minutes before your appointment.</li> <li>• Do not empty your bladder after you drink your water.</li> </ul> |  |
| <input type="checkbox"/> specify or       | _____   |  |  |
| <input checked="" type="checkbox"/> below | _____   |  |  |
| <input type="checkbox"/>                  | Anatomy Screening   |  |  |
| <input type="checkbox"/>                  | First Trimester Screening   |  |  |
| <input type="checkbox"/>                  | Dating  |  |  |
| <input type="checkbox"/>                  | Follow-Up   |  |  |
| <input type="checkbox"/>                  | Large for Dates   |  |  |
| <input type="checkbox"/>                  | Small for Dates (w/Dopplers when indicated)   |  |  |
| <input type="checkbox"/>                  | Biophysical Profile (BPP)   |  |  |
| <input type="checkbox"/>                  | Fetal Echocardiogram  |  |  |
| <input type="checkbox"/>                  | Detailed Exam - High Risk   | 3600 Lake Otis Parkway, Suite 101  |  |
| <b>OTHER</b>                              |   |  |  |
| <input type="checkbox"/>                  | Extremity-Nonvascular (specify region in Indication/History)  |  |  |
| <input type="checkbox"/>                  | Musculoskeletal (specify region in Indication/History)  |  |  |
| <input type="checkbox"/>                  | Testicular / Scrotal  |  |  |
| <b>VASCULAR</b>                           |   |  |  |
| <input type="checkbox"/>                  | Arterial - Arms / Legs (circle one) <b>R</b> <input type="checkbox"/> <b>L</b> <input type="checkbox"/>       |  |  |
| <input type="checkbox"/>                  | Carotid Duplex - Bilateral  |  |  |
| <input type="checkbox"/>                  | Venous Doppler - Arms / Legs (circle one) <b>R</b> <input type="checkbox"/> <b>L</b> <input type="checkbox"/> |  |  |
| <input type="checkbox"/>                  | ABI (Ankle Brachial Index)  |  |  |
| <b>NECK / THYROID</b>                     |   |  |  |
| <input type="checkbox"/>                  | Neck  |  |  |
| <input type="checkbox"/>                  | Thyroid   |  |  |