



**PHYSICIAN ORDER FORM**  
**ULTRASOUND DEPARTMENT**

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Exam Date

\_\_\_\_\_  
Reason for Exam

\_\_\_\_\_  
Signature of Ordering Physician

Test to be given at (Circle one):

One Medical Center Drive  
Biddeford, ME 04005

9 Healthcare Drive, Suite 205  
Biddeford, ME 04005

(207) 283-7170

**ULTRASOUND**

- US- GUIDED ABSCESS DRAINAGE (ABCESS)
- ABDOMEN COMPLETE (ABD)
- ABDOMEN LIMITED – RUQ (ABDL) (Gallbladder, liver, pancreas, bile ducts)
- US – ABDOMEN – SINGLE ORGAN (ABDSINGLE) (Specify organ)
- ABDOMINAL AORTA ONLY (AORTA)
- US – APPENDIX ONLY (APPEND)
- FETAL BIOPHYSICALI PROFILE (BIO)
- US-GUIDED BREAST CORE BX LEFT (BRCOREBXL)
- US-GUIDED BREAST CYS ASPIR LEFT (BRCYSTLT)
- US-GUIDED BREAST CYST ASPIR RT (BRCYSTRT)
- BREAST ULTRASOUND BILATERAL (BREASTBIL)
- BREAST ULTRASOUND LEFT (BREASTLT)
- BREAST ULTRASOUND RIGHT (BREASTRT)
- MAMMATOME BREAST BX LEFT (BRMAMBXL)
- MAMMATOME BREAST BX RIGHT (BRMAMBXR)
- GUIDANCE, NEEDLE BIOPSY (BX) (Specify area)
- CAROTID, DUPLEX COMPLETE (CARDC)
- THORACENTESIS, ASPIRATION ONLY (CENTESIS)
- US-GUIDED CYST ASPIRATION (CYST)
- EXTREMITIES, NON VASCULAR (EXTREM) (Specify area)
- US-HEPATIC (LIVER)
- OB FETAL SURVEY SINGLE (OB/FS)
- US-GUIDED PARACENTESIS (PARACEN)
- PELVIS, NON OBSTETRICAL COMP (PELMA)
- PREGNANCY COMPLETE, > 14 WKS (PREGC)

- PREG. SONO < 14 WKS (PREGEC)
- ++ MULT. GESTATION < 14 WKS (PREGEM)
- PREGNANCY SONO – FOLLOW UP (PREGFU)
- US- PREG F/U TWIN (PREGFUTWIN)
- PREGNANCY SONO – LIMITED (PREGL)
- ++ MULT. GESTATION > 14 WKS (PREGM)
- PYLORIC STENOSIS EVALUATION (PYLOOST)
- RENAL-BILATERAL (RENAL)
- RENAL-UNILATERAL (RENALL)
- SCROTUM (SCROTUM)
- ULTRASOUND – SPLEEN (SPLEEN)
- SOFT TISSUE NECK (STNECK)
- GUIDANCE, THORACENTESIS W/TUBE (THORACEN)
- THYROID CYST ASPIRATION (THYCYST)
- THYROID (THYROID)
- THYROID NEEDLE BX (THYROIDBX)
- BREAST NEEDLE LOC. US LEFT (USBROCLT)
- BREAST NEEDLE LOC. US RIGHT (USBROCRT)
- US-GUIDED LIVER BIOPSY (USLIVERBX)
- US – OB NUCHAL TRANSLUCENCY (USNUCHAL)
- US – OB NUCHAL TRANS/TWIN (USNUCHTWIN)
- VISCERAL DUPLEX SCAN, LIMITED (USVISCL)
- VENOUS – DUPLEX EXT LEFT ARM (VENOUSARLT)
- VENOUS – DUPLEX SCAN EXT. BIL ARM (VENOUSARMS)
- VENOUS – DUPLEX EXT RIGHT ARM (VENOUSARRT)

- VENOUS – DUPLEX EXT BILAT LEGS (VENOUSLEGS)
- VENOUS – DUPLEX EXT LEFT LEG (VENOUSLELT)
- VENOUS – DUPLEX EXT RIGHT LEG (VENOUSLERT)
- VISCERAL DUPLEX SCAN, COMPLETE (VISCDOP)
- NON-INVASIVE ARTERIAL SINGLE (XABI)

**DEAR PATIENT: PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT TO REGISTER.**