



One Medical Center Drive
Biddeford, ME 04005

9 Healthcare Drive, Suite 106
Biddeford, ME 04005

Scheduling Phone: (207)283-7171

PHYSICIAN ORDER FORM ULTRASOUND DEPARTMENT

Patient's Name

Exam Date

Reason for Exam

Signature of Ordering Physician

ULTRASOUND

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> US- GUIDED ABSCESS DRAINAGE (ABCESS) <input type="checkbox"/> ABDOMEN COMPLETE (ABD) <input type="checkbox"/> ABDOMEN LIMITED – RUQ (ABDL) (Gallbladder, liver, pancreas, bile ducts) <input type="checkbox"/> US – ABDOMEN – SINGLE ORGAN (ABDSINGLE) (Specify organ) <input type="checkbox"/> ABDOMINAL AORTA ONLY (AORTA) <input type="checkbox"/> US – APPENDIX ONLY (APPEND) <input type="checkbox"/> FETAL BIOPHYSICALI PROFILE (BIO) <input type="checkbox"/> US-GUIDED BREAST CORE BX LEFT (BRCOREBXL) <input type="checkbox"/> US-GUIDED BREAST CYS ASPIR LEFT (BRCYSTLT) <input type="checkbox"/> US-GUIDED BREAST CYST ASPIR RT (BRCYSTR) <input type="checkbox"/> BREAST ULTRASOUND BILATERAL (BREASTBIL) <input type="checkbox"/> BREAST ULTRASOUND LEFT (BREASTLT) <input type="checkbox"/> BREAST ULTRASOUND RIGHT (BREASTRT) <input type="checkbox"/> MAMMATOME BREAST BX LEFT (BRMAMBXL) <input type="checkbox"/> MAMMATOME BREAST BX RIGHT (BRMAMBXR) <input type="checkbox"/> GUIDANCE, NEEDLE BIOPSY (BX) (Specify area) <input type="checkbox"/> CAROTID, DUPLEX COMPLETE (CARDC) <input type="checkbox"/> THORACENTESIS, ASPIRATION ONLY (CENTESIS) <input type="checkbox"/> US-GUIDED CYST ASPIRATION (CYST) <input type="checkbox"/> EXTREMITIES, NON VASCULAR (EXTREM) (Specify area) <input type="checkbox"/> US-HEPATIC (LIVER) <input type="checkbox"/> OB FETAL SURVEY SINGLE (OB/FS) <input type="checkbox"/> US-GUIDED PARACENTESIS (PARACEN) <input type="checkbox"/> PELVIS, NON OBSTETRICAL COMP (PELMA) <input type="checkbox"/> PREGNANCY COMPLETE, > 14 WKS (PREGC) | <ul style="list-style-type: none"> <input type="checkbox"/> PREG. SONO < 14 WKS (PREGEC) <input type="checkbox"/> ++ MULT. GESTATION < 14 WKS (PREGEM) <input type="checkbox"/> PREGNANCY SONO – FOLLOW UP (PREGFU) <input type="checkbox"/> US- PREG F/U TWIN (PREGFUTWIN) <input type="checkbox"/> PREGNANCY SONO – LIMITED (PREGL) <input type="checkbox"/> ++ MULT. GESTATION > 14 WKS (PREGM) <input type="checkbox"/> PYLORIC STENOSIS EVALUATION (PYLOOST) <input type="checkbox"/> RENAL-BILATERAL (RENAL) <input type="checkbox"/> RENAL-UNILATERAL (RENALL) <input type="checkbox"/> SCROTUM (SCROTUM) <input type="checkbox"/> ULTRASOUND – SPLEEN (SPLEEN) <input type="checkbox"/> SOFT TISSUE NECK (STNECK) <input type="checkbox"/> GUIDANCE, THORACENTESIS W/TUBE (THORACEN) <input type="checkbox"/> THYROID CYST ASPIRATION (THYCYST) <input type="checkbox"/> THYROID (THYROID) <input type="checkbox"/> THYROID NEEDLE BX (THYROIDBX) <input type="checkbox"/> BREAST NEEDLE LOC. US LEFT (USBROCLT) <input type="checkbox"/> BREAST NEEDLE LOC. US RIGHT (USBROCRT) <input type="checkbox"/> US-GUIDED LIVER BIOPSY (USLIVERBX) <input type="checkbox"/> US – OB NUCHAL TRANSLUCENCY (USNUCHAL) <input type="checkbox"/> US – OB NUCHAL TRANS/TWIN (USNUCHTWIN) <input type="checkbox"/> VISCERAL DUPLEX SCAN, LIMITED (USVISCL) <input type="checkbox"/> VENOUS – DUPLEX EXT LEFT ARM (VENOUSARLT) <input type="checkbox"/> VENOUS – DUPLEX SCAN EXT. BIL ARM (VENOUSARMS) <input type="checkbox"/> VENOUS – DUPLEX EXT RIGHT ARM (VENOUSARRT) | <ul style="list-style-type: none"> <input type="checkbox"/> VENOUS – DUPLEX EXT BILAT LEGS (VENOUSLEGS) <input type="checkbox"/> VENOUS – DUPLEX EXT LEFT LEG (VENOUSLELT) <input type="checkbox"/> VENOUS – DUPLEX EXT RIGHT LEG (VENOUSLERT) <input type="checkbox"/> VISCERAL DUPLEX SCAN, COMPLETE (VISCODP) <input type="checkbox"/> NON-INVASIVE ARTERIAL SINGLE (XABI) |
|--|--|--|

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