



17490 Hwy 3, Suite B400, Webster, TX 77598

For Scheduling Call: 713.955.2142

Fax: 817-476-8554

Patient Name: _____

DOB: _____

Cell Phone: _____

Insurance: _____

Home Phone: _____

Insurance ID# _____

Work Phone: _____

Authorization: _____

REFERRING PHYSICIAN SIGNATURE: _____

STAT Call # _____

X _____

Date Ordered

DIAGNOSIS: _____

Print Referring Dr: _____

Referring Office Contact _____

Office Phone: _____

Office Fax: _____

Ultrasound

- Thyroid (No Prep)
Soft Tissue (No Prep) _____
- Abdomen Complete
(NPO 8 hours prior to exam)
- Abdomen Limited
(NPO 8 hours prior to exam)
- Renal Ultrasound Renal Doppler
**(NPO 8 hours prior to exam and
30 oz water 1 hour prior exam)**

- Arterial Duplex UPPER Extremity
 L R Bilateral
- Arterial Duplex LOWER Extremity
 L R Bilateral
- Pelvic Ultrasound
 with without Transvaginal
(30 oz water 1 hour prior exam)
- Ankle Brachial Index (ABI)
- Venous Reflux

- Venous Doppler UPPER Extremity
 L R Bilateral
- Venous Doppler LOWER Extremity
 L R Bilateral
- Carotid Doppler (No Prep)
- Testicular/Scrotal (No Prep)
- Other _____

Nuclear Medicine

- Bone Scan Whole Body (No Prep)
- Bone Scan Whole Body with Spect
Specify Area _____
- Bone Scan Three (3) Phase
Specify Area _____
- Bone Scan Limited Area
Specify Area _____
- Thyroid Uptake and Scan
(NPO 4 hours prior to exam)
- Parathyroid Scan (No Prep)

- Gastric Empty Study
(NPO 6 hours prior to exam)
- Hemangioma Scan with Spect (No Prep)
- Hepatobiliary Scan with CCK – (Ejection
Fraction) **(NPO 4 hours prior to exam)**
- Liver / Spleen Scan (No Prep)
- Renal Scan (Differential, Split Function) No Prep
- Renal Scan with Lasix (No Prep)
- Other _____