



SONOVIEW IMAGING LTD.
ULTRASOUND CENTER

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SURNAME

FIRST NAME

ADDRESS

PHONE [H]
[W]
[C]

INSURANCE CO.
POLICY No.
CERTIFICATE No.
EFFECTIVE DATE

ULTRASOUND #..... MRN

D.O.B. (DAY/MONTH/YEAR) / /

DOCTOR'S NAME

APPOINTMENT DATE TIME

PREPARATION:

ABDOMEN – Nothing to eat or drink after midnight.

PELVIC, BLADDER, PROST, OBTI – Finish drinking (4) 8oz. glasses of water (1) hour before scan.

OBSTETRIC OB T2/T3 – Finish drinking (2) 8oz. glasses of water (1) hour before scan.

ABDO/PELVIC – DO NOT eat after midnight, but DO finish (4) 8oz. glasses of water before scan.

NO PREPARATION for scan.

CLINICAL INFORMATION FOR EXAM

ICD-9 CODES.....

Doctor's Signature.....

PREVIOUS ULTRASOUND SCAN? YES NO

ABDOMINAL (Liver, Gallbladder, Pancreas, Kidneys, Spleen & Aorta)

KIDNEYS

BLADDER

BLADDER/PROSTATE – TRANSABDOMINAL

PELVIC

TRANSVAGINAL

MSK (Musculoskeletal)

WHERE PERFORMED?

ARM VEINS – R/O DVT (R) (L)

CAROTID DOPPLER

LEG VEIN R (R/O DVT)

LEG VEIN L (R/O DVT)

THYROID

BREAST R/L

SOFT MASS TISSUE

OBSTETRICS LMP.....

EDD BY TI U/S

DATING, T1

ANATOMY, T2

GROWTH, T3

NT SCANS

OTHER