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Patient: _____ Date: _____

Indications: _____

ULTRASOUND EXAM ORDER FORM

VASCULAR EXTREMITY/NECK

ABI

ABI with Exercise

TBI

TcPO2

Location: _____

Segmental Pressures (PVR)

PVR with Exercise

Upper extremity

Right

Left

Bilateral

Lower extremity

Right

Left

Bilateral

Arterial Duplex

Upper extremity

Right

Left

Bilateral

Lower extremity

Right

Left

Bilateral

US Groin Pseudoaneurysm

Carotid Duplex (Bilateral)

Venous Duplex (DVT)

Upper extremity

Right

Left

Bilateral

Lower extremity

Right

Left

Bilateral

Lower Extremity Venous REFLUX (VARICOSE VEIN) Assessment

Right

Left

Bilateral

Vein Mapping

Upper (HD)

Lower (for CABG/Bypass)

Dialysis Access Scan

Specify Side/Type: _____

Other: _____

VASCULAR ABDOMINAL (ARRIVE NPO)

Aorto-Iliac Duplex

Mesenteric Duplex

Renal Artery/Vein Duplex

US Portal/Hepatic Vasculature

US TIPS

Other: _____

GENERAL/NON-VASCULAR

US Abdominal Complete (Arrive NPO)*

US Abdominal RUQ (Arrive NPO)*

US Bladder (Arrive with a FULL Bladder)**

US Renal (Arrive NPO)*

US Appendix

US Single Organ

Specify Side/Type: _____

US Pelvis

US Scrotum/Testicular

US Thyroid

Other: _____

* NPO ~ This exam requires nothing to eat 4-6 hours prior to arrival.

** Full Bladder ~ This exam requires a full bladder. Drink 20-32oz. of water prior to arrival.

Ordering Clinician's Signature: _____