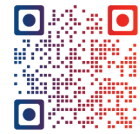


METROWEST ULTRASOUND

Medical Office Building
67 Union Street, Suite 306
Natick, MA 01760

Fax your order to : (508) 463-4639
Call for Appointment : (508) 720-4980



Ultrasound Requestion Form

Order date: ___ / ___ / ___ Appointment date: ___ / ___ / ___ Time: ___ :

Patient
Name: Last, First _____

DOB ___ / ___ / ___ Sex (M) (F)
Tel. (_____) _____ - _____
Cell (_____) _____ - _____
Add _____

Ordering MD
Name: Last, First _____

NPI _____
Tel. (_____) _____ - _____
Fax: (_____) _____ - _____
Signature: _____

Please Provide (Right) (Left) (Bilateral)

(R/O) IS NOT ACCEPTED)

Symptoms

Diagnosis

Please Provide (Right) (Left) (Bilateral) if applicable

ABDOMEN/GENERAL

- _____ Abdomen Complete
- _____ Abdomen (RUQ)
- _____ Abdomen Limited (One Organ)
- _____ Abdomen Dopler
- _____ Renal / Bladder (Pre - Post Void)
- _____ Scrotal
- _____ Prostate
- _____ Thyroid/Parathyroid
- _____ Soft Tissue Head/Neck (Non Thyroid)
- _____ Upper/ Lower Extremity (Non Vascular)
- _____ Soft Tissue Mass (Lipoma- Abscess- Fb)

VASCULAR

- _____ Lower Extremity Venous / Dvt. (R) (L) (Bil.)
- _____ Upper Extremity Venous / Dvt. (R) (L) (Bil.)
- _____ Carotid
- _____ Aortic Screen

OTHER

OB/GYN

- _____ OB Early (1st Trimester)
- _____ OB complete Fetal Survey (2nd Trimester)
- _____ OB Follow UP (2nd-3rd Trimester)
- _____ OB Limited (2nd-3rd Trimester)
- _____ OB BPP
- _____ Pelvic Non OB. (TA / TV)
- _____ IVF PELVIC. (Baseline-Follicular Monitoring)

PEDIATRIC

- _____ Abd Complete
- _____ Renal
- _____ Scrotal
- _____ Abd Limited For (Intussusception)
- _____ Pyloric Stenosis
- _____ Appendicitis
- _____ Joint Effusion
- _____ Spine Ultrasound

OTHER

Patient Instructions

Take all of your medications as usual.

Please arrive on time & bring the following with you: Ultrasound requestion form, Insurance card and ID

Preparation for Ultrasound

For Abdomen no eating or drinking (clear liquids are ok) for 8 hours prior to your appointment

For Early OB, Pelvic Ultrasound and Renal Ultrasound please finish drinking 32 ounces of clear liquids and finish one hour before and please do not empty your bladder before appointment.

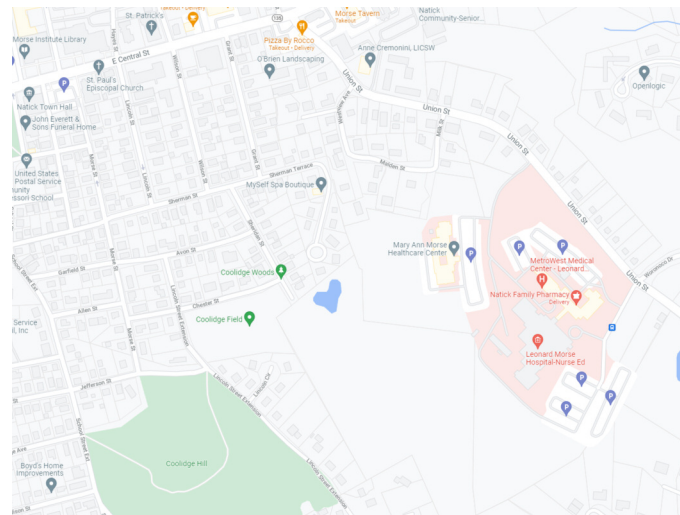
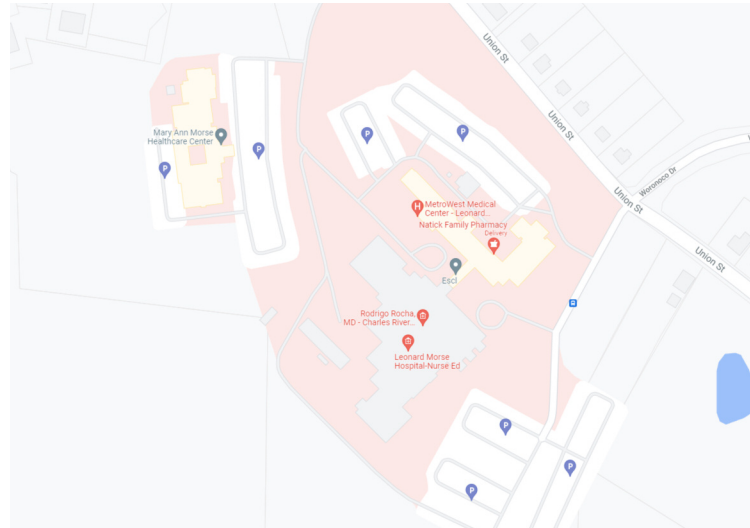


**METROWEST
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Natick, MA 01760
508.720.4980
O : (508) 720 - 4980
C : (508) 383 - 4576
F : (508) 463 - 4639**

**admin@mwus.org
www.mwus.org**

**To order Ultrasound
Please Either Fax or email
your order to
(508) 463 - 4639
Or
orders@mwus.org**

**Then call to confirm
the receipt and Appointment
(508) 383 - 4576**



PATIENT 1- Bring the Requisition Form 2- Personal ID 3- Insurance Card 4- take your medicine as recommended
***** Instructions ABDOMEN: Do not eat for 8 hours
Renal - OB- Pelvis : Finish drinking 32 OZ ONE hour before exam and Keep the bladder Full

