

Diagnostic Imaging Order Form

FAX TO: 404-529-4430



To schedule appointments call or book online:

Tel :678-590-3300

www.AtlantaUltrasound.com

Patient Information

Order Date: _____
Name: _____ DOB: _____
/ Symptoms Indication _____
Ordering Physician: _____ Fax: _____
Notes: _____

Vascular / Echo

- Echocardiogram
- Carotid Duplex
- DVT
 - Right
 - Left
- Lower Arterial
 - Right
 - Left
- AAA/Abdominal Aorta
- ABI (ankle/brachial)
- EKG

General

- RUQ
- Abdominal Complete
- Pelvic
- Transvaginal
- Breast
 - Right
 - Left
- Scrotum/Testicular
- Renal
- Thyroid
- Other _____

Special Instructions

Abdominal and RUQ:

Patient must not eat or drink for 4 hours.

Gallbladder:

Please come while fasting 8 hours.

Pelvic, Renal, Bladder:

Patient needs to have a full bladder. Drink 32 oz water one hour before exam.

For same day exams, please call: 678-590-3300