BERMUDA HEALTHCARE SERVICES

19 THE LANE, PAGET PG 05 BERMUDA
PHONE: 441-236-2810
FAX: 441-236-5569
EMAIL: INFO@BHCS.BM
WWW.BHCS.BM

ULTRASOUND

Patient Name: _____ Date of Request: DD / MM / YY

Patient Address: _____

Date of Birth: DD / MM / YY Phone Cell: _____ Work: _____ Home: _____

Email: _____

Appointment Date: DD / MM / YY Time: _____ Lahey Clinic # _____

Insurance Company: _____ Policy Number: _____ Certificate Number: _____

Clinical Information: _____

_____ ICD CODE: _____

GENERAL

- ☐ ABDOMEN (includes: IVC, AO, PANCREAS, GALLBLADDER)
- ☐ KIDNEYS
- ☐ PELVIC / PROSTATE
- ☐ PELVIC FEMALE

SPECIAL

- ☐ BREAST
- ☐ OBSTETRIC (L.M.P.) _____
- ☐ SCROTAL
- ☐ THYROID
- ☐ TRANS-VAGINAL
- ☐ TRUS

VASCULAR

- ☐ CAROTID
- ☐ VENOUS DOPPLER ☐L ☐R ☐ARM ☐LEG
- ☐ ARTERIAL DOPPLER ☐L ☐R ☐ARM ☐LEG
- ☐ RENAL ARTERIAL

_____

_____

OTHER _____

_____

X-RAY

- ☐ CHEST
- ☐ SKULL
- ☐ TMJ
- ☐ SINUSES
- ☐ CERVICAL SPINE
- ☐ THORACIC SPINE
- ☐ LUMBAR SPINE
- ☐ SACRUM
- ☐ COCCYX
- ☐ PELVIS
- ☐ FEMUR
- ☐ SHOULDER ☐LEFT ☐RIGHT
- ☐ ELBOW ☐LEFT ☐RIGHT
- ☐ WRIST ☐LEFT ☐RIGHT
- ☐ HAND ☐LEFT ☐RIGHT
- ☐ KNEE ☐LEFT ☐RIGHT
- ☐ ANKLE ☐LEFT ☐RIGHT
- ☐ FOOT ☐LEFT ☐RIGHT
- ☐ HIP ☐LEFT ☐RIGHT
- ☐ ABDOMEN FLAT
- ☐ ABDOMEN UPRIGHT

_____

_____

_____

Clinical Information: _____

_____

Doctor's Name: _____ Office: _____ Cell: _____ Email: _____

Clinical Information: _____

_____

Doctor's Signature: _____ ICD CODE: _____

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PATIENT INSTRUCTIONS

Do not wear a dress, perfume, or cologne and follow instructions marked below.

ULTRASOUND

☐ **ABDOMINAL ULTRASOUND** *UPPER ABDOMEN*

PREP: Please do not eat or drink anything after midnight the night before your appointment. The evening meal before your appointment should not be fatty. Do not eat any fried foods for that meal

☐ **PELVIC / PROSTATE** ☐ **PELVIC FEMALE** ☐ **TRANS-VAGINAL** ☐ **OBSTETRIC** ☐ **RENAL***

PREP: Finish drinking 3 (20 oz.) bottles of fluid one (1) hour before your exam. Arrive with a full bladder and do not go to the bathroom until after your exam or it will be rescheduled (if you are unable to hold overly full bladder, notify front desk before you go to the bathroom). ***** **For renal ultrasound only a half-full bladder is required.**

☐ **ABDOMINAL ULTRASOUND**

PREP: Please do not eat or drink anything after midnight the night before your appointment. The evening meal before your appointment should not be fatty. Do not eat any fried foods for that meal

☐ **BREAST U / S**

PREP: Must bring recent mammogram films and report with you. It is recommended that you obtain this information two (2) days in advance of your appointment.

☐ **ELECTROCARDIOGRAPHY**

PREP: No Powder on chest area or under breasts

X-RAY

☐ **X-RAY (S)**

NO PREP

OTHER SPECIFY: