



OUTPATIENT RADIOLOGY
ULTRASOUND ORDERS



12401 Washington Blvd.
Whittier, CA 90602
P: 562.698.0811
TDD: 562.696.9267

ACT: MR:
DOB: RM:
ADM:

Patient Name Location Whittier Downey
Date of Birth Age
Patient Contact Number Height Weight
Reason for Exam

(Indications, Symptoms, Relevant Clinical History)

- eMD Record Available Recent Progress Notes Attached
Allergies Contrast No Known Allergies Other
Requesting Radiology Consult - Need order clarification
Abdomen Abdomen Complete Abdomen RUQ Abdomen RLQ Abdomen Limited Quadrant Pylorus
Aorta Aorta Aorta Screening
Infant Hip Infant Hip Dynamic
Kidney Kidney Urinary Bladder Transplanted Kidney with Duplex Doppler Kidney with Duplex Doppler for Renal Artery Stenosis
Fertility Follicular
OB OB 1st Trimester with Endovaginal OB Limited OB 1st Trimester without Endovaginal OB Position OB 1st Trimester Multiple Gestation OB Repeat or Follow Up OB After 1st Trimester OB Endovaginal (only) OB After 1st Trimester Multiple Gestation Placental Localization
Female Pelvis Pelvis Limited Sonohysterography Pelvis Complete with Endovaginal Pelvis Complete without Endovaginal Pelvis Complete with Endovaginal with Doppler Pelvis Complete without Endovaginal with Doppler
Male Pelvis Prostate Testicular with Duplex Doppler
Thyroid/Head and Neck Parathyroid Thyroid Soft Tissue of the Head and Neck
Paracentesis Therapeutic Diagnostic Diagnostic orders for fluid

Please specify number of liters Special Instructions

Thoracentesis Right Left Therapeutic Diagnostic Diagnostic orders for fluid

Please specify number of liters Special Instructions

- Biopsy with ultrasound guidance Please specify biopsy site
Aspiration with ultrasound guidance Please specify location
Other (please specify)

Lab Work Ordered Resulted and Faxed to Scheduling

Exam Completion Routine (completed as schedule allows) Urgent (completed within 2 days)
STAT (exam completed today)

STAT Exams Call Clinician/Office with results and hold patient until direction is given
Fax results and send patient back to office Fax results and send patient home

Time Date Physician Signature Physician Name (Please Print)

Alternate Office Contact Name Number

Radiology Scheduling Direct Phone Number 562.906.5572

Radiology Scheduling Fax 562.464.5018