

# General Ultrasound Diagnostic Imaging Order Form

\*Please refer to the electronic copy for the latest version.

Referred to Location	Order Fax Number	To Schedule Appointments, Call:
Asante Rogue Regional Medical Center	Routine: 541-789-7170 STAT/ASAP: 541-789-6180 All IR, MSK, and X-Rays: 541-789-7153	541-789-4322 All IR: 541-789-7173
Asante Ashland Community Hospital	541-488-5385	541-201-4380 All IR: 541-201-4378
Asante Three Rivers Medical Center	541-472-7067	541-472-7140

Order Priority	Definition
Routine	A diagnostic or therapeutic procedure that can be scheduled next available
STAT (24 Hours)	Referring to a diagnostic or therapeutic procedure that is to be performed immediately.
ASAP (7 Days)	As soon as possible, a level of urgency less urgent than 'STAT.'

**Patient Information**

Order Date (today's date):

Due By Date (if applicable):

Name:

Date of Birth:

Contact telephone number:

Symptoms/Reason for Study:

ICD-10 Code(s):

Insurance:

Pre-Authorization Number:

Height: Weight:

Patient mobility status:

- Walker
  Wheelchair
  Lift

Does the patient have a glucose monitor?

- Yes
  No

**If yes**, must be removed prior to appointment with radiation

Are interpreter services needed?

- Yes
  No

**Ordering Provider Name:**

**Ordering Provider Signature:**

Secondary Provider Name:

Please attach **H&P** and Chart Notes.



<p>Ultrasound General</p>	<p>Abdomen Complete Abdomen Limited (select one below)</p> <ul style="list-style-type: none"><li><input type="radio"/> Right Upper Quadrant</li><li><input type="radio"/> Spleen Only</li><li><input type="radio"/> Ascites Evaluation</li></ul> <p>Abdominal Wall Soft Tissue</p> <p>Appendix</p> <p>Breast – <a href="#">Click here for the Breast Imaging Order form on Asante.org</a></p> <p>Liver Elastography</p> <p>Musculoskeletal (MSK) - specify area/joint muscle, tendon:</p> <p>Pelvic (select one below)</p> <ul style="list-style-type: none"><li><input type="radio"/> W/Transvaginal</li><li><input type="radio"/> Transabdominal Only</li></ul> <p>OB (select one below) Date of LMP:</p> <ul style="list-style-type: none"><li><input type="radio"/> OB Less Than 14 Wks</li><li><input type="radio"/> OB Less Than 14 Wks W/Transvag</li><li><input type="radio"/> OB Greater Than 14 Wks</li><li><input type="radio"/> Fetal Limited Greater Than 14 Wks</li><li><input type="radio"/> Fetal BPP W/O Non-Stress Testing</li><li><input type="radio"/> Growth</li><li><input type="radio"/> AFI</li></ul> <p>Renal</p> <p>Scrotum</p> <p>Soft Tissue Lower Extremity (select one below)</p> <ul style="list-style-type: none"><li><input type="radio"/> Right</li><li><input type="radio"/> Left</li><li><input type="radio"/> Both</li></ul> <p>Soft Tissue Upper Extremity (select one below)</p> <ul style="list-style-type: none"><li><input type="radio"/> Right</li><li><input type="radio"/> Left</li><li><input type="radio"/> Both</li></ul> <p>Soft Tissue Other Area (specify)</p> <p>Thyroid</p> <p>Other (specify)</p>	<p>NOTE: Please use the following <a href="#">hyperlink to access the Breast Imaging Order form</a>.</p>
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<p>(Subcategory) Ultrasound Guided Biopsy &amp; Aspirations</p>	<p>Fine Needle Aspiration - specify location and nodule:</p> <p>Kidney <input type="radio"/> Targeted/Lesion <input type="radio"/> Random <input type="radio"/> Allograft</p> <p>Liver <input type="radio"/> Targeted/Lesion <input type="radio"/> Random</p> <p>Lymph Node - specify:</p> <p>Paracentesis</p> <p><input type="radio"/> Albumin</p> <p>Sclerotherapy - specify:</p> <p>Thoracentesis</p> <p><input type="radio"/> Albumin</p> <p>Thyroid (specify side and nodule)</p> <p>Other (specify)</p>	<p>NOTE: When an ordering an invasive procedure, labs may be required. Please reference the following documents: <a href="#">Click here for Hyperlink to MRG form</a></p> <p>NOTE: A specimen order must be attached.</p> <p>NOTE: Sclerotherapy is not completed at Three Rivers.</p> <p>NOTE: Please use the following <a href="#">hyperlink to access the Breast Imaging Order form.</a></p>
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