



Diagnostic Imaging

4050 Lake Otis Parkway Suite 101 Anchorage AK 99508

907-538-4139

907-677-1610 Fax

Referral

Date: _____

Patient Name: _____

DOB: _____ Pregnancy EDD _____

Patient Phone : _____

Referring provider: _____

Signature

Referring provider Phone: _____

Fax: _____

Reason for exam: _____

Select Ultrasound Exam

- Nuchal Translucency with lab work
- Pregnancy less than 14 weeks
- Pregnancy more than 14 weeks
- Anatomy Screening 18-22 weeks
- Fetal Growth
- Biophysical Profile
- Follow-up Please specify reason _____
- OB Limited Please specify _____
- Pelvic Ultrasound
- Abdomen Ultrasound
- Renal Ultrasound (kidneys and Bladder)
- Aorta
- Venous Doppler unilateral right _____ left _____
- Venous Doppler bilateral
- Thyroid
- Testicular
- Breast Right ----- Left _____