



NORTH DOVER

R A D I O L O G Y

ULTRASOUND PATIENT QUESTIONNAIRE

APPOINTMENT DATE _____ TIME _____

Patient's Name _____ DOB _____ (Circle) Male/Female

Type of Scan _____ R/O _____

Referring Physician _____ Phone # _____

BODY PART	PREPS
ABDOMEN (RUQ, LUQ, RLQ, LLQ, GB, LIVER, AORTA)	6-8HRS OF FASTING (NOTHING TO EAT OR DRINK). SHOULD BE DONE BEFORE BARIUM WORK UP.
PELVIC/ BLADDER (MALE PELVIC SAME PREP)	16-32 OZ OF WATER. 1HR BEFORE TEST. NO VOIDING IN BETWEEN.(INCASE PATIENT NEEDS TO USE THE RESTROOM, CAN VOID BUT DRINK AGAIN)
TRANSVAGINAL	NO PREP
RENAL ARTERY DOPPLER/ KIDNEY	NO PREP
THYROID/ SOFT TISSUE NECK	NO PREP
VENOUS DOPPLER <input type="checkbox"/> UPPER EXT <input type="checkbox"/> LOWER EXT	NO PREP
ARTERIAL DOPPLER <input type="checkbox"/> UPPER EXT <input type="checkbox"/> LOWER EXT	NO PREP
NON VASCULAR EXTREMITY	NO PREP
TESTICLES/SCROTUM	NO PREP
CAROTID	NO PREP