



07-03-'24 06:17 FROM- EMIC

334-277-1781

T-347 P0001/0002 F-542

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn: Scheduling

To: EMIC

From: WHS

Fax: 334-277-1781

Pages: 3

Phone: 334-277-1210

Date: 07/02/2024

Re: Ultrasound Order

☐ Urgent ☒ For Review ☐ Please Comment ☒ Please Reply ☐ Please Recycle

With appointment details

Comments:

Ultrasound order.

Appt 7-11-24 @ 10:30

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PATIENT INFORMATION

Patient's Full Name SCOTT PARSONS DOB 2/6/73 Patient Phone: _____
Ordering Physician LINDSEY BRITTON, DPM Office Phone 244-3281 Office Fax 244-3396
Physician Signature/Date/Time [Signature] Cell Phone Number _____
Reason for Exam/DIAGNOSIS(Required) HASHIMOTO THYROIDITIS; FLU on thyroid nodule (Lemo)

SPECIAL INSTRUCTIONS

- ☐ STAT call # _____ ☐ STAT fax # _____ ☐ Send CD ☐ Send patient back to office
☒ EMIC to schedule ☒ EMIC to precertify exam ☐ Appt Date / Time _____
☐ Obtain i-Stat Creatinine prior to intravenous contrast administration (criteria on reverse slide)

CT (Computerized Tomography)

- ☐ Brain W/O Contrast ☐ IAC's (Temporal Bone)
☐ Brain W/O & W Contrast ☐ Orbits
☐ Sinus W/O ☐ Soft Tissue Neck W
☐ Chest W/O ☐ Chest W
☐ Abdomen W and Pelvis W (Routine)
☐ Abdomen/Pelvis W/O (Stone Hunt)
☐ Abdomen/Pelvis W/O & W (Hematuria Protocol)
☐ Abdomen W/O ☐ Abdomen W/O & W
☐ Pelvis W/O ☐ Pelvis W
☐ Cervical Spine ☐ W/O ☐ W ☐ Bony Pelvis
☐ Lumbar Spine ☐ W/O ☐ W ☐ Other _____
☐ Thoracic Spine ☐ W/O ☐ W ☐ 3-D Reconstruction

CTA (CT Angiography)

- ☐ CTA Brain (COW) ☐ CTA Neck
☐ CTA Abdominal Aorta ☐ CTA Renal
☐ CTA Pelvis ☐ CTA Runoff-Bil Lwr Ext
☐ CTA Chest (PE) ☐ CTA Thoracic Aorta

MRI (Magnetic Resonance Imaging)

- CONTRAST W/O _____ W&W/O _____**
☐ Brain ☐ IAC's ☐ MRCP (NPO 6hrs)
☐ Pituitary ☐ Kidney
☐ Orbits ☐ Liver
☐ Breast ☐ w/out ☐ with ☐ Bilat ☐ Adrenals
☐ Chest Wall ☐ Hip ☐ R ☐ L ☐ Bilat
☐ Brachial Plexus ☐ R ☐ L ☐ Bilat ☐ Foot ☐ R ☐ L ☐ Bilat
☐ Pelvis ☐ Knee ☐ R ☐ L ☐ Bilat
☐ Cervical Spine ☐ Ankle ☐ R ☐ L ☐ Bilat
☐ Lumbar Spine ☐ Wrist ☐ R ☐ L ☐ Bilat
☐ Thoracic Spine ☐ Other _____
☐ Shoulder ☐ with arthrogram ☐ R ☐ L ☐ Bilat

MRA ANGIOGRAPHY

- ☐ Intracranial - Circle of Willis ☐ Renal Arteries
☐ Carotids and Vertebrales ☐ Other _____
☐ Runoff - Bilat Lower Ext. ☐ w/out ☐ with

MRV Venography

- ☐ Brain ☐ Pelvis ☐ Abdomen ☐ Other

FLUOROSCOPY

- ☐ GI Series ☐ BE
☐ GI and Small Bowel ☐ BE Air Contrast
☐ Small Bowel ☐ IVP
☐ Esophagram ☐ Other _____

NUCLEAR MEDICINE

- ☐ Bone Scan Whole Body ☐ Renal
☐ Three Phase Bone Scan ☐ MUGA
☐ Thyroid (uptake and scan) ☐ Liver/Spleen
☐ Hepatobiliary Scan (HIDA) ☐ Parathyroid
☐ Gastric Emptying ☐ Other _____

ULTRASOUND

- ☐ Obstetrical ☐ Pelvic
☐ Pelvic/Transvaginal ☐ Scrotum
☐ Abdomen, Complete ☐ Abdomen (RUQ)
☒ Thyroid ☐ Renal / Kidney
☐ Soft Tissue - Neck ☐ Renal Arteries
☐ Carotid ☐ Aorta
☐ Extremity-non vasc (specify) _____ ☐ LT ☐ RT
☐ Venous Doppler lower extremity ☐ R ☐ L ☐ Bilat
☐ Venous Doppler upper extremity ☐ R ☐ L ☐ Bilat
☐ Arterial Doppler lower extremity w/ segmental pressures
☐ Infant Spine ☐ Infant Hips ☐ Infant Duodenum
☐ Liver Elastography
(Requires prior US, MRI or CT Abdominal Imaging within 6 months)
☐ Other _____

ROUTINE X-RAYS

- ☐ Chest ☐ Cervical Spine
☐ Abdomen Series ☐ Thoracic Spine
☐ Ribs ☐ LT ☐ RT ☐ Lumbar Spine
☐ KUB ☐ Sinuses
☐ Skull ☐ Pelvis
☐ Thoracolumbar (Scoliosis) ☐ Other _____
☐ Extremity (specify) _____ ☐ LT ☐ RT

BONE DENSITY

- ☐ Bone Dexa Axial Skeleton

ADDITIONAL INFORMATION