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Pleasant Grove, UT 84062
Phone: 385-295-1500
Fax: 385-476-4909
echo-ultrasound.com
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PHYSICIAN REFERRAL FORM

Referring Provider Information

Physician Name:_____ Practice Name: _____

Office Phone:_____Fax:_____ Email_____

Signature: _____ Date: _____

Patient Information

Patient Name:_____ DOB: _____Sex: ☐ Male ☐ Female

Date of Birth:_____ Phone Number: _____ Email:_____

Ultrasound Examination Requested

(Select all that apply)

☐ Abdomen Complete

☐ Abdominal Limited (specify: _____)

☐ Retroperitoneal (Kidneys)

☐ Bladder (Pre and post void)

☐ Aorta

☐ Thyroid

☐ Scrotal/Testicular

☐ Pelvic (Transabdominal/Transvaginal)

☐ OB (First Trimester)

☐ OB (Second/Third Trimester)

☐ Breast Limited

☐ Soft Tissue Neck

☐ Carotid Doppler

☐ Venous Doppler (DVT) - Extremity

☐ Upper ☐ Lower

☐ Right ☐ Left ☐ Bilateral

☐ Arterial Doppler - Extremity

☐ Right ☐ Left ☐ Bilateral

☐ Upper ☐ Lower

☐ IUD check

☐ Aortic Aneurysm Screening

☐ Soft Tissue Mass (specify: _____)

☐ Groin/Hernia

☐ OTHER: (Specify:_____)

Clinical Indication/Reason for Exam

(Required – Include signs, symptoms, or ICD-10 codes)

_____

_____

Fax completed referral form to 385-476-4909 or email to info@echo-ultrasound.com. For questions, call 385-295-1500.