



SONOS LINKS IMAGING
 204 E. McKenzie St.
 Suite E8
 Punta Gorda, FL 33950
 Fax #: (941) 979-5713

REQUISITION FORM

Patient Name: _____ DOB: ____/____/____

Physician Name (Please Print): _____

Exam Order Date: _____ Time: _____

Physician Phone Number _____

ULTRASOUND STUDIES

Echocardiogram – 93306

Dx: _____

Breast Complete-Both – 76641

Breast Limited-Single – 76642

Other: _____

Carotid Doppler – 93880 (Bilateral)

Dx: Occlusion & Stenosis Bilateral Dizziness/Giddiness

TIA/Stroke

Other: _____

Pelvic Complete - 76856

Pelvic Limited – 76857

Dx: Pelvic Pain RLQ Pain LLQ Pain

Other: _____

Venous Upper/Lower Unilateral – 93971

Venous Upper/Lower Bilateral - 93970

Dx: Swelling Pain Edema Redness

Other: _____

Transvaginal - 76830

Dx: Post Menstrual Bleeding Irregular

Menstruation Abnormal Uterine/Vaginal Bleeding

Endometriosis

Other: _____

Arterial Upper/Lower Unilateral – 93926

Arterial Upper/Lower Bilateral – 93925

ABI – 93922

Dx: Diminishing Pulse Ulcer/Wound

PVD Discoloration Numbness

Other: _____

Thyroid/Neck - 76536

Dx: _____

Scrotum w/Doppler 76870 + 93976

Dx: Torsion Swelling/Pain Lump Hernia

Orchitis

Other: _____

Aorta Duplex - 93978

Dx: Atherosclerosis of aorta AAA

Other: _____

Abdomen Limited - 76705

Abdomen Complete - 76770

Dx: Pain Vomiting Nausea Appendicitis

Hernia Elevated Liver Function

Constipation Hepatomegaly

Other: _____

Renal Artery Doppler – NPO 8 Hours - 93975

Dx: Hypertension

Other: _____

Retroperitoneal Complete - 76770

Retroperitoneal Limited - 76857

Dx: Cyst Kidney Stones Flank Pain

Urinary Tract Infection Urinary Retention

Post Volume/Pre-Volume Residual Abnormal

Labs

Other: _____

Patient Diagnosis

Dx1: _____ Dx2: _____

SIGNATURE: _____ ** Signature required by Federal Law

TECHNOLOGIST USE ONLY:

Date: _____ Time: _____ Tech Initials: _____

Tech Signature: _____