

# Trios Health Scheduling Center

## Ultrasound & Mammography - Diagnostic Imaging – Physician Order Form

Phone: (509) 221-5441 Fax: (509) 221-7748

Care Center at Southridge: 3730 Plaza Way, Kennewick  Southridge Hospital: 3810 Plaza Way, Kennewick

Please Bring ID and Insurance card with you to your appointment.

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  Call Patient to Schedule

Insurance/Payor: \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_ Scheduled by: \_\_\_\_\_

Routine  STAT  Call Report – call # \_\_\_\_\_  Hold Patient  Pregnant  Diabetic

Allergies(specify) \_\_\_\_\_

Symptoms/History \_\_\_\_\_

(do not use follow-up, rule out, possible, evaluate or probable)

Physician (print name): \_\_\_\_\_

Physician Signature/Date: \_\_\_\_\_

### Ultrasound \*Southridge Hospital only

- Abdomen
- Abdomen for Pyloric Stenosis
- Abdomen limited for Appendix/Hernia
- Renal (kidney)
- Thyroid
- Breast Bilateral
- Breast Unilateral  L  R
- \*Breast Fine Wire Localization  L  R SR
- \*Thoracentesis  L  R SR
- \*Paracentesis SR
- \*Guided Biopsy (specify) SR

\*Guided Cyst Aspiration (specify) SR  
\_\_\_\_\_

- Neonatal Head
- Obstetric  
LMP \_\_\_\_\_
- OB with Fetal Survey
- OB Multiple Gestations
- OB Nuchal Translucency
- Pelvic/Transvaginal
- Testicular
- \*Prostate Volume Study SR
- BioPhysical Profile
- Other: \_\_\_\_\_

### Vascular

- Carotid Doppler
- Venous Doppler Lower  L  R
- Venous Doppler Upper  L  R
- Duplex Arterial Lower  L  R
- Aorta
- Renal Artery
- ABI/Segmental Pressure
- Dialysis Graft  L  R
- Other: \_\_\_\_\_

### Cardiac - Adult

- 2D Echo Complete
- Stress Echocardiogram
- Dobutamine Stress Echocardiogram
- \*Transesophageal Echo (TEE)

### Mammography 3D Tomography & CAD \*Care Center at Southridge only

- Screen Bilateral
- Screen With Implants
- Diagnostic Bilateral
- Diagnostic Unilateral  L  R
- Diagnostic With Implants
- Additional Views  L  R
- Stereotactic Biopsy  L  R
- Other: \_\_\_\_\_

DEXA (Care Center at Southridge only)

### Cardiac - Pediatric \*send images to

- Echocardiogram
  - \*Seattle – Children's
  - \*Spokane - NWCCHD

PLEASE FAX FORM TO US AT (509) 221-7748 AND GIVE COPY TO PATIENT TO BRING TO APPOINTMENT. THANK YOU.

## Order, U/S & Mammography



\*3ORD\*

Form# 1147 Rev Date 06/19

Trios Health

Patient ID
Patient Name: _____
DOB: _____
Physician Name: _____

# Trios Health

## Preparation for Mammography

### Patient preps

- Morning appointment no deodorant, powder, lotion or perfume
- Afternoon appointment no fresh deodorant, no powder, lotion or perfume that day.
- Wear a two piece outfit.
- Make practitioner's staff/scheduler aware if you need extra time due to special conditions such as you are in a wheel chair and unable to stand, etc.

**Mammography:** Please check in **20 minutes** before your appointment at the Care Center at Southridge Registration desk unless told otherwise when appointment is scheduled.

## Preparation for Ultrasound

Please check appropriate prep for requested examination

- Prep A: Abdomen
- Prep B: BioPhysical Profile, Obstetric, Pelvic, Transvaginal
- Prep C: Biopsy, Cyst Aspiration, Paracentesis, Thoracentesis
- Prep D: Renal
- Prep E: Prostate Volume
- Prep F: Sonohysterogram

**Prep A:** A.M. (morning) appointment: nothing to eat or drink after midnight. P.M. (afternoon) appointment: light breakfast and nothing to eat or drink 6 hours prior to appointment.

**Prep B:** The patient is to drink 40 ounces of clear liquid (water, coffee, tea, broth, etc.) and be finished drinking 30 minutes prior to exam time. After finishing liquid, that patient **MAY NOT** go to the bathroom. **A full bladder is required for exam.**

**Prep C:** Stay off all over the counter medications such as aspirin one-week prior to biopsy. Arrive 1 hour prior to appointment at Diagnostic Imaging Outpatient Registration in the hospital. All lab work must be completed prior to the procedure. Lab work needed includes PT, PTT and INR. Patients to bring in all medications in a bag for review prior to biopsy.

\*\* to avoid any nausea and for comfort of the patient, a light breakfast is recommended (except for liver biopsy patients).

**Prep D:** Children (up to age 7) need to be hydrated. Drink liquids the day of the exam and go to the bathroom as usual. Then drink liquids close to the exam time and have them hold it in if they can.

**Prep E:** If given preps by the physician ordering the exam, follow those instructions. If no prep is given by the ordering physician, follow this prep: Clear liquid diet the day of the appointment. On the day of the appointment, patient to give themselves a fleets enema 4 hours prior to appointment time. After study is over, patient may resume regular diet. Please check in one (1) hour prior to your appointment at the Admitting desk located in the Southridge Hospital main entrance. Patient to call Tri-Cities Cancer Center (509) 737-3731, if they have any questions in regards to the exam.

**Prep F:** It is recommended the procedure be performed within the first 10 days of the menstrual cycle (preferably NOT on cycle)

**ENTRANCE "A" - Care Center at Southridge:** 3730 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment in the Diagnostic Imaging department on the first floor of the Care Center unless told otherwise when the appointment is scheduled.

**ENTRANCE "C" - Southridge Hospital:** 3810 Plaza Way, Kennewick, WA 99338. Please check in **20 minutes** before your scheduled appointment at the Diagnostic Imaging desk located in the hospital through entrance "C", unless told otherwise when the appointment is scheduled.

**To schedule, cancel, or reschedule your appointment, call Trios Health Central Scheduling at (509) 221-5441. If you have any questions about your Mammography exam, please call (509) 221-6130 and for Ultrasound exams, please call (509) 221-7800.**