



**ADVANCED SONOGRAMS OF ALASKA**

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- Routine
- Fax # \_\_\_\_\_
- Call report
- Hold and call
- Return PT to office

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

Referring Provider: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please arrive at our office 15 minutes prior to your appointment time.)

**REASON FOR EXAM:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OBSTETRIC - ASSIGNED EDD**

- BASED ON:  LMP \_\_\_\_\_  U/S Confirmed
- DATING / VIABILITY
  - FIRST TRIMESTER
  - NUCHAL TRANSLUCENCY
  - PREECLAMPSIA SCREEN (UA Doppler)
  - ANOMALY SCREENING
  - FETAL GROWTH  W/Dopplers
  - OB FOLLOW UP
  - BIOPHYSICAL PROFILE  W/Dopplers  
 W/Growth
  - FETAL ECHOCARDIOGRAM
  - FETAL ECHOCARDIOGRAM FOLLOW UP

**GYN**

- PELVIC (includes vaginal scan)  No Vaginal Scan
- FOLLICLE STUDY LMP \_\_\_\_\_
- SONOHYSTEROGRAM
- OTHER: \_\_\_\_\_

**GENERAL**

- ABDOMEN COMPLETE - RUQ
- ABDOMEN LIMITED  
Specify \_\_\_\_\_
- RENAL COMPLETE (kidneys, bladder, retroperitoneum)
- AORTA COMPLETE
- AAA SCREENING
- HEAD AND NECK SOFT TISSUE (Thyroid)
- TESTICULAR
- EXTREMITY - Soft Tissue  
Specify \_\_\_\_\_
- OTHER: \_\_\_\_\_

**VASCULAR**

- VENOUS DOPPLER LEGS  Right  Left
- VENOUS DOPPLER ARMS  Right  Left
- CAROTID DOPPLER
- AORTO-ILIAC DOPPLER
- ARTERIAL DOPPLER LEGS  Right  Left
- ARTERIAL DOPPLER ARMS  Right  Left
- RENAL ARTERIAL DOPPLER
- PORTO-HEPATIC DOPPLER
- HEMODIALYSIS ACCESS DOPPLER



Preferred Providers with Aetna, Blue Cross Blue Shield, First Choice Health, Tricare, Medicaid and Medicare.

EXAM PREP INSTRUCTIONS AND MAP ON REVERSE