



ASSOCIATES
of Tallahassee, P.A.

1600 Phillips Road
Tallahassee, Florida 32308
850-878-4127 Phone
850-878-9729 Fax

**TO AVOID RESCHEDULING, BRING THIS FORM TO
YOUR APPOINTMENT
(PLEASE DO NOT BRING UNATTENDED CHILDREN)**

Name _____ D.O.B. _____

Referring Facility _____

Contact & Direct Line _____

Physician's Signature _____

Physician's Printed Name _____ Date _____

Appointment Date _____ Time _____

Pertinent History/Clinical Indication _____

Abdominal U/S – includes gallbladder, bile ducts, liver, pancreas, spleen, kidneys & aorta.
 Gallbladder/Liver RUQ U/S – includes gallbladder, bile ducts, porta hepatis & pancreatic head.
 Aorta U/S
 Single Organ U/S _____

**NOTHING TO
EAT OR DRINK
AFTER MIDNIGHT**

Renal U/S (Kidneys & Bladder)
**Finish Drinking 1 quart of water (four 8oz. glasses) 60 MINUTES PRIOR TO EXAM.
DO NOT GO TO THE BATHROOM. It is very important to have a full bladder.**

WELL HYDRATED

Thyroid U/S
 Testicular with Doppler U/S

NO PREPARATION

EXTREMITY VENOUS STUDIES

- Lower Extremity Venous Study for DVT R L Bilateral
- Upper Extremity Venous Study R L Bilateral
- Acute or chronic embolism/thrombosis _____
- Extremity Pain _____
- Extremity swelling, mass, and/or lump _____
- Varicose Veins _____
- Vascular Injury _____
- Other _____

NO PREPARATION

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EXTREMITY ARTERIAL EXAMS

- Lower Extremity Arterial Exam
- Lower Extremity Arterial with Exercise Exam
- Ankle Brachial Index
- Upper Extremity Arterial Exam
- Upper Extremity Arterial Exam for TOS
- Atherosclerosis _____
- Diabetes mellitus with other circulatory complications _____
- Non-pressure chronic ulcer _____ Peripheral Vascular Disease
- Vascular injury _____ Other _____

NO PREPARATION

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CAROTID DUPLEX

- Amaurosis Fugax
- Aneurysm _____
- Bruit
- CVA/Stroke
- Known Carotid Stenosis
- Previous Carotid Endarterectomy
- Facial Weakness
- Slurred Speech
- Subclavian Steal
- Syncope & Collapse
- TIA
- Unsteadiness on Feet
- Vertebral Basilar Artery Syndrome
- Visual Disturbance
- Other _____

NO PREPARATION

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