

ABDOMINAL ULTRASOUND

Guest Name:		_ Date:	
Medical Record Number:		_	
Previous Abdominal Imaging	Yes □ No		
If yes, where and what type:			
Previous Abdominal Surgeries	☐ Yes ☐ No		
Have you had any type of cancer?	☐ Yes ☐ No		
Current Symptoms:			
Check all that apply:			
☐ Hypertension	☐ On Dialysis		
☐ Diabetes	☐ Renal Transplant		
☐ Hepatitis	☐ Positive Murphy Sign		

39000 Bob Hope Drive • Rancho Mirage, California 92270 • Phone 760.674.3850 • Fax 760.674.3852 • wwweisenhowerimaging.com

EIC-Abdominal NEW Rev 7/05

Ply 1, Face	
Size: 8.50" x 11.00"	
Order Number:	
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