



Dr. Roberto Jurado Iglesias, MD  
Consultant Radiologist. ARDMS, ARVT

Dr. Rosemond Stoute, MD  
Consultant Radiologist/Family Medicine

2 Rose Street; Goodwill, DOMINICA (next to the Goodwill Christian Union Church)  
Tel. (767) 440 6500 Fax (767) 440 8772 Cel. (767) 295 5500  
Web: [www.medicusdiagnostic.com](http://www.medicusdiagnostic.com) Email: [medicusdiag@cwdom.dm](mailto:medicusdiag@cwdom.dm)

---

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Prior Exams:  Yes  No Tel #: \_\_\_\_\_ PID: \_\_\_\_\_

---

CLINICAL DATA: \_\_\_\_\_ LMP \_\_\_/\_\_\_/\_\_\_

X-RAY: \_\_\_\_\_  Mammogram: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Abdominal Ultrasound            | <input type="checkbox"/> Carotid Duplex Ultrasound        |
| <input type="checkbox"/> Renal & Bladder Ultrasound      | <input type="checkbox"/> Arterial Duplex Extremity: _____ |
| <input type="checkbox"/> Transrectal Prostate Ultrasound | <input type="checkbox"/> Venous Duplex Extremity: _____   |
| <input type="checkbox"/> US Guided Prostate Biopsy       | <input type="checkbox"/> Aorta and SMA Duplex US.         |
| <input type="checkbox"/> Pelvic Ultrasound               | <input type="checkbox"/> Renal Doppler                    |
| <input type="checkbox"/> Transvaginal Ultrasound         | <input type="checkbox"/> Echocardiogram                   |
| <input type="checkbox"/> Breast Ultrasound               | <input type="checkbox"/> ECG                              |
| <input type="checkbox"/> Thyroid/Neck Ultrasound         | <input type="checkbox"/> Sono-Hysterography. (HSG)        |
| <input type="checkbox"/> Testicles/Scrotum Ultrasound    | <input type="checkbox"/> I Trim Obstetric Ultrasound      |
| <input type="checkbox"/> Musculoskeletal US of _____     | <input type="checkbox"/> II Trim OB /Fetal Anatomy        |
| <input type="checkbox"/> Head Ultrasound                 | <input type="checkbox"/> III Trim Obstetric Ultrasound    |
| <input type="checkbox"/> Fine Needle Aspiration _____    | <input type="checkbox"/> Biophysical Profile Ultrasound   |

REF. PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Preparations:  
**Abdominal ultrasounds:** Morning Appointment: nothing to eat or drink after mid night. Fasting.  
**Pelvis Ultrasound:** drink 4 large glasses of water one hour prior schedule exam. DO NOT urinate.  
**Barium Meal:** Nothing to eat or drink after mid night. Fasting. Afternoon appointments have a light breakfast. **Barium Enema/ IVP:** Collect preparation guide.

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



Dr. Roberto Jurado Iglesias, MD  
Consultant Radiologist. ARDMS, ARVT

Dr. Rosemond Stoute, MD  
Consultant Radiologist/Family Medicine

2 Rose Street; Goodwill, DOMINICA (next to the Goodwill Christian Union Church)  
Tel. (767) 440 6500 Fax (767) 440 8772 Cel. (767) 295 5500  
Web: [www.medicusdiagnostic.com](http://www.medicusdiagnostic.com) Email: [medicusdiag@cwdom.dm](mailto:medicusdiag@cwdom.dm)

---

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Prior Exams:  Yes  No Tel #: \_\_\_\_\_ PID: \_\_\_\_\_

---

CLINICAL DATA: \_\_\_\_\_ LMP \_\_\_/\_\_\_/\_\_\_

X-RAY: \_\_\_\_\_  Mammogram: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Abdominal Ultrasound            | <input type="checkbox"/> Carotid Duplex Ultrasound        |
| <input type="checkbox"/> Renal & Bladder Ultrasound      | <input type="checkbox"/> Arterial Duplex Extremity: _____ |
| <input type="checkbox"/> Transrectal Prostate Ultrasound | <input type="checkbox"/> Venous Duplex Extremity: _____   |
| <input type="checkbox"/> US Guided Prostate Biopsy       | <input type="checkbox"/> Aorta and SMA Duplex US.         |
| <input type="checkbox"/> Pelvic Ultrasound               | <input type="checkbox"/> Renal Doppler                    |
| <input type="checkbox"/> Transvaginal Ultrasound         | <input type="checkbox"/> Echocardiogram                   |
| <input type="checkbox"/> Breast Ultrasound               | <input type="checkbox"/> ECG                              |
| <input type="checkbox"/> Thyroid/Neck Ultrasound         | <input type="checkbox"/> Sono-Hysterography. (HSG)        |
| <input type="checkbox"/> Testicles/Scrotum Ultrasound    | <input type="checkbox"/> I Trim Obstetric Ultrasound      |
| <input type="checkbox"/> Musculoskeletal US of _____     | <input type="checkbox"/> II Trim OB /Fetal Anatomy        |
| <input type="checkbox"/> Head Ultrasound                 | <input type="checkbox"/> III Trim Obstetric Ultrasound    |
| <input type="checkbox"/> Fine Needle Aspiration _____    | <input type="checkbox"/> Biophysical Profile Ultrasound   |

REF. PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

Preparations:  
**Abdominal ultrasounds:** Morning Appointment: nothing to eat or drink after mid night. Fasting.  
**Pelvis Ultrasound:** drink 4 large glasses of water one hour prior schedule exam. DO NOT urinate.  
**Barium Meal:** Nothing to eat or drink after mid night. Fasting. Afternoon appointments have a light breakfast. **Barium Enema/ IVP:** Collect preparation guide.

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_