



Precious Glance Ultrasound
373 1/2 W.19th Street, Ste.B
Houston, Texas 77008
(P) 713-838-8501 (F) 281-781-2291

Physician Order For Limited Diagnostic Ultrasound

Patient Name: _____

The above patient is authorized to obtain a limited diagnostic ultrasound provided by Precious Glance Ultrasound. The limited diagnostic ultrasound does not take the place of a full diagnostic ultrasound. The patient has received a diagnostic ultrasound and the results were:

_____ Normal

_____ Abnormal

If results are abnormal please explain:

Physician Information

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

Please fax this completed form to 281-781-2291.