



Site Information

Please take a moment to fill out this information form. Ultrasound Temps, Inc. will use this information to ensure that we have a properly suited sonographer for your location. E-mail, mail or fax back your information form.

Name of Facility:

Address1:

Address2:

City:

State:

Zip:

Contact Name:

Email Address:

Main Phone Number:

Lab Phone Number:

How did you find out about us?

Please check all that apply.

1. What is important to your practice?

- Being able to call up last minute to get a replacement.
- Being able to call up in advance and schedule a Temp.



2. What are your facilities hours of operation?

3. What qualifications do you require of a temporary sonographer?

- Registered Diagnostic Medical Sonographer (RDMS, RVT, RDCS)
- Pending Certification
- Either is acceptable, providing they are experienced.

4. What is an acceptable dress code for a temp sonographer at your facility?

- Professional clothes under a lab coat.
- White uniform & lab coat
- Colored/floral scrubs
- Other:

5. How often are patients scheduled for ultrasound examinations?

- Every 30 minutes
- Every 45 minutes
- Every hour

6. What is the average ultrasound patient load, per sonographer, on a typical day at your facility?

- 3-4 patients
- 5-10 patients
- 10-15 patients
- 15-20 patients
- Greater than 20 patients

7. When Ultrasound Temps Inc. provides coverage to your facility, would the temporary sonographer be working alone or with other sonographer's in the department?

- Alone in the department
- With other sonographers
- Other:



8. How many ultrasound scanning stations do you use at your facility?

- One
- Two
- Three
- More than Three

9. What type of ultrasound equipment do you use in your laboratory?

- | | |
|--|---|
| <input type="checkbox"/> GE | <input type="checkbox"/> Aloka |
| <input type="checkbox"/> Philips | <input type="checkbox"/> ATL |
| <input type="checkbox"/> Hewlett Packard | <input type="checkbox"/> Dasonics |
| <input type="checkbox"/> Siemens | <input type="checkbox"/> Interspec (Apogee) |
| <input type="checkbox"/> Toshiba | <input type="checkbox"/> Corometrics |
| <input type="checkbox"/> Sonosite | |

Other type of machines:

10. What type of ultrasound is performed in your laboratory?

Abdomen:

- | | |
|--|---|
| <input type="checkbox"/> Complete Abdomen | <input type="checkbox"/> Ultrasound Guided Procedures |
| <input type="checkbox"/> Abdominal Doppler | <input type="checkbox"/> Transplant Organs |
| <input type="checkbox"/> Renal | |
| <input type="checkbox"/> Aorta | |
| <input type="checkbox"/> Other: <input type="text"/> | |

Superficial Structures:

- | | |
|--|--|
| <input type="checkbox"/> Breast | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Abdominal Wall |
| <input type="checkbox"/> Scrotum | <input type="checkbox"/> Neonatal Heads |
| <input type="checkbox"/> Other: <input type="text"/> | |

Obstetric:

- | | |
|--|---|
| <input type="checkbox"/> OB Complete | <input type="checkbox"/> OB Doppler |
| <input type="checkbox"/> 1st Trimester OB | <input type="checkbox"/> Ultrasound Guided Procedures |
| <input type="checkbox"/> 2nd/3rd Trimester OB | <input type="checkbox"/> Amniocentesis |
| <input type="checkbox"/> Biophysical Profile | <input type="checkbox"/> Chorionic Villi Sampling |
| <input type="checkbox"/> Other: <input type="text"/> | |

Gynecology:

- | | |
|--|--|
| <input type="checkbox"/> Transabdominal Pelvis | <input type="checkbox"/> Uterine/Ovarian Doppler |
| <input type="checkbox"/> Transvaginal Pelvis | <input type="checkbox"/> Sonohysterography |
| <input type="checkbox"/> Follicular Monitoring | |
| <input type="checkbox"/> Other: <input type="text"/> | |

Vascular:

- | | |
|--|--|
| <input type="checkbox"/> Venous Imaging | <input type="checkbox"/> PVR (Arms & Legs) |
| <input type="checkbox"/> Lower Extremity | <input type="checkbox"/> IPG (Arms & Legs) |
| <input type="checkbox"/> Upper Extremity | <input type="checkbox"/> Arterial Imaging |
| <input type="checkbox"/> Carotid Doppler | <input type="checkbox"/> Lower Extremity |
| <input type="checkbox"/> Abdominal Doppler | <input type="checkbox"/> Upper Extremity |
| <input type="checkbox"/> Other: <input type="text"/> | |

Echo:

- | | |
|--|--|
| <input type="checkbox"/> 2-D & M Mode | <input type="checkbox"/> EKG |
| <input type="checkbox"/> Adult | <input type="checkbox"/> ECG |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Holter Monitoring |
| <input type="checkbox"/> Stress Echo or TEE | |
| <input type="checkbox"/> Other: <input type="text"/> | |