

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. Mail or fax back your information form.

Name of Facility: _____

Address: _____

Contact Name: _____

Main Phone Number: _____ Lab Phone Number: _____

Email Address: _____

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 temp sonographer's 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 machines do you use at your facility?

- One
- Two
- Three
- More than Three

9. What type of ultrasound equipment do you use at your practice?

- Accuson
- Accusonics (AI)
- Aloka
- ATL
- Dasonics
- GE
- Hewlett Packard
- Interspec (Apogee)
- Corometrics
- Phillips
- Siemans
- Toshiba
- Other type of machine: _____

10. What types of ultrasounds are performed at your laboratory?

Abdomen:

- Complete Abdomen
- Invasive Procedures
- Doppler
- Renal
- Transplant Organs
- Other: _____

Small Parts:

- Breast
- Prostate
- Transrectal

Obstetric:

- OB Complete
- Biophysical Profile
- OB Doppler
- Guided Procedures
- Amniocentesis
- Chorionic Villi Sampling
- Other: _____

Gynecology:

- Transvaginal
- Follicular Monitoring
- Other _____

Vascular:

- Venous Imaging
- Lower Extremity
- Upper Extremity
- Arterial Imaging
- Lower Extremity
- Upper Extremity
- Arterial Pulse Volume Recording
- Penile Imaging
- Carotid Doppler

Echo:

- 2-D Echo
- Stress Echo or TEE
- Other _____