ULTRASOUND ORDER FORM

LAST NAME	TODAYS DATE	*** ICD-10 INFO REQUIRED ***	
FIRST NAME	DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD-10 Code
PHONE	ALT. PHONE	1	
INSURANCE COMPANY		2	
POLICY #	GROUP #	3	
PHYSICIAN NAME		SPECIAL INSTRUCTIONS	
OFFICE TELEPHONE NUMBER		☐ ROUTINE ☐ URGENT	
PHYSICIAN SIGNATURE *** (REQUIRED)		PRE-AUTH REQUIRED: Y ☐ N ☐ PRE-AUTH #	

☑	EXAM	CPT
	ULTRASOUND	
☐	US ABDOMEN COMPLETE	76700
☐	US ABDOMEN LIMITED	76705
☐	US ABDOMINAL AORTA FOR ANEURYSM SCREEN	76775
☐	US AMNIOCENTESIS	76946
☐	US ANKLE BRACHIAL INDEX (1-2 LEVELS)	93922
☐	US ANKLE BRACHIAL INDEX (3 OR MORE LEVELS)	93923
☐	US BREAST UNILATERAL COMPLETE	76641
☐	US BREAST UNILATERAL LIMITED	76642
☐	US CHEST	76604
☐	US CHEST FOR PERICARDIAL EFFUSION	76604
☐	US COMPRESSION REPAIR OF PSEUDOANEURYSM	76936
☐	US DUPLEX AORTA, IVC, & ILIAC VASCULATURE	93978
☐	US DUPLEX CAROTID ARTERIES COMPLETE	93880
☐	US DUPLEX GROIN FOR PSEUDOANEURYSM	93926
☐	US DUPLEX HEMODIALYSIS ACCESS	93990
☐	US DUPLEX KIDNEYS (ARTERIAL & VENOUS)	93976 76770
☐	US DUPLEX LOWER EXTREMITY ARTERIES BILAT	93925
☐	US DUPLEX LOWER EXTREMITY ARTERIES LEFT	93926
☐	US DUPLEX LOWER EXTREMITY ARTERIES RIGHT	93926
☐	US DUPLEX LOWER EXTREMITY VEINS BILATERAL	93970
☐	US DUPLEX LOWER EXTREMITY VEINS LEFT	93971
☐	US DUPLEX LOWER EXTREMITY VEINS RIGHT	93971
☐	US DUPLEX LE VENOUS INSUFFICIENCY BILATERAL	93970
☐	US DUPLEX LE VENOUS INSUFFICIENCY LEFT	93971

☑	EXAM	CPT
☐	US DUPLEX LE VENOUS INSUFFICIENCY RIGHT	93971
☐	US DUPLEX UPPER EXTREMITY ARTERIES BILAT	93930
☐	US DUPLEX UPPER EXTREMITY ARTERIES LEFT	93931
☐	US DUPLEX UPPER EXTREMITY ARTERIES RIGHT	93931
☐	US DUPLEX UPPER EXTREMITY VEINS BILATERAL	93970
☐	US DUPLEX UPPER EXTREMITY VEINS LEFT	93971
☐	US DUPLEX UPPER EXTREMITY VEINS RIGHT	93971
☐	US ECHOCARDIOGRAM TRANSESOPHAGEAL (TEE)	93312
☐	US ECHOCARDIOGRAM TRANSTHORACIC COMPL	93306
☐	US ECHOCARDIOGRAM TRANSTHORACIC W DYE	C8929
☐	US ECHOCARDIOGRAM TRANSTHORACIC W REST & STRESS	93350
☐	US ECHOCARDIOGRAM TRANSTHORACIC LIMITED	93308
☐	US EXTREMITY SOFT TISSUES (NONVASCULAR)	76882
☐	US FETAL BPP W NON-STRESS TESTING	76818
☐	US FETAL BPP W/O NON-STRESS TESTING	76819
☐	US GALLBLADDER	76705
☐	US HEAD/BRAIN NEONATAL	76506
☐	US INFANT HIPS DYNAMIC REQUIRING PHYSICIAN	76885
☐	US LIVER	76705
☐	US OB COMPLETE < 14 WKS TRANSABDOMINAL/VAGINAL	76801 76817
☐	US OB COMPL < 14 WKS TRANSABDOMINAL	76801
☐	US OB COMPLETE > 14 WKS TRANSABDOMINAL	76805
☐	US OB FOLLOW-UP TRANSABDOMINAL	76816
☐	US OB LIMITED TRANSABDOMINAL	76815

☑	EXAM	CPT
☐	US OB TRANSVAGINAL	76817
☐	US PELVIS COMPLETE TRANSABDOMINAL/VAGINAL (NONOB)	76856 76830
☐	US PELVIS COMPLETE TRANSABDOMINAL (NONOB)	76856
☐	US PELVIS LIMITED TRANSABDOMINAL (NONOB)	76857
☐	US RETROPERITONEAL COMPL (KIDNEYS/BLADDER)	76770
☐	US SCROTUM & CONTENTS	76870
☐	US SOFT TISSUES OF HEAD & NECK	76536
☐	US SONOHYSTEROGRAM BY SALINE INFUSION	76831 58340
☐	US SPINAL CANAL & CONTENTS	76800
☐	US THYROID	76536
☐	US TRANSPLANT KIDNEY W DOPPLER	76776
☐	US URINARY BLADDER	76775
	OTHER EXAMS REQUESTED	
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Fax this order to: (928) 532-1411 Scheduling Phone: (928) 537-6554 Radiology Dept Phone: (928) 537-6338

Acct# MR#

Adm: DOB:

Summit Healthcare Regional Medical Center

560 (11/16)

ULTRASOUND ORDER FORM

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