

<b>Patient's Name</b> Last: _____ First: _____		<b>Date of Birth</b>	<b>Weight</b>	<input type="checkbox"/> Male
				<input type="checkbox"/> Female
<b>Patient's Address</b> Street: _____ City: _____ State: _____ Zip: _____				
<b>Insurance Information</b>			<b>Patient's phone number</b>	

<b>Office Phone</b>	<b>Today's Date</b>	<b>Ordering Physician</b>
<b>Form Filled by</b>	<b>Exam Date</b>	<b>Physician Signature</b>

**REASON FOR THE TEST MUST BE GIVEN: If the reason is to rule out, or evaluate for a specific condition, please indicate that along with the presenting signs/symptoms.**

**Presenting symptoms/reason for exam: (Please include laterality, specific site)** \_\_\_\_\_

**Underlying medical conditions, chronic conditions, or other medical information RELEVANT TO THIS IMAGING STUDY:**

\_\_\_\_\_

**ICD-10 CODE(S)** \_\_\_\_\_ (Please correlate with signs and symptoms listed above)

**Pre-Authorization #** \_\_\_\_\_

**Please complete, print, sign and fax to central scheduling: Fax-231-487-7920 | Phone toll free- 866-487-3100**

<b>Exam to be performed at:</b> <input type="checkbox"/> Petoskey Campus <input type="checkbox"/> Cheboygan Campus			
<input type="checkbox"/> STAT	<input type="checkbox"/> Routine	<input type="checkbox"/> Send CD with Patient	<input type="checkbox"/> Special Instructions
<input type="checkbox"/> CC Report to	<input type="checkbox"/> Call Report to	<input type="checkbox"/> Hold Patient	

PELVIC	CPT#	PROCEDURES	CPT#	ABDOMEN	CPT#
<input type="checkbox"/> **Pelvic with Endovaginal**	76856/76830			<input type="checkbox"/> Abdomen Limited (Specify)	76705
<input type="checkbox"/> Pelvic without Endovaginal	76856	(R) (L) Breast Core Biopsy	76942	<input type="checkbox"/> Abdomen Complete Multi-organ	76700
<input type="checkbox"/> Ovarian Doppler	93975	(R) (L) Renal Biopsy	76942	<input type="checkbox"/> Abdomen Complete w/Doppler	76700/93975
<input type="checkbox"/> Endovaginal Only	76830	(R) (L) Needle Loc- Breast	76942	<input type="checkbox"/> Liver	76705
<input type="checkbox"/> Infant Hips w manipulation	76885	(R) (L) Thoracentesis	76942	<input type="checkbox"/> Liver w/Doppler	76705/93975
<input type="checkbox"/> Bladder	76856	<input type="checkbox"/> Thyroid Biopsy	76942	<input type="checkbox"/> Gallbladder	76705
<input type="checkbox"/> Other		<input type="checkbox"/> Cyst Aspiration	76942	<input type="checkbox"/> Spleen	76705
		<input type="checkbox"/> Liver Biopsy	76942	<input type="checkbox"/> Pancreas	76705
** Pelvic with Endovaginal is preferred		<input type="checkbox"/> Paracentesis	49083	<input type="checkbox"/> Aorta	76775
				<input type="checkbox"/> Renal	76775
				<input type="checkbox"/> Pylorus	76705
				<input type="checkbox"/> Renal/Bladder	76770

PREGNANCY	SMALL PARTS	Cheboygan Campus Only (Vascular)
<input type="checkbox"/> OB less than 14 Wks TV	76817/76801 (R) (L) Breast/Axilla Limited	76642 <input type="checkbox"/> Echocardiography 2D Complete 93306
<input type="checkbox"/> OB greater than 14 Wks	76805 (R) (L) Breast/Axilla Complete	76641 <input type="checkbox"/> Carotid Duplex Bilateral 93880
<input type="checkbox"/> OB less than 14 Wks	76801 Date of last Mammogram:	<input type="checkbox"/> Renal Arterial/Venous Complete 93975
<input type="checkbox"/> Biophysical Profile	76819 Where was it performed?	<input type="checkbox"/> Venous Lower Extremity (R) (L) 93971
<input type="checkbox"/> OB Limited (EFW,AFI)	76815 (R) (L) Upper Extremity Limited Non-Vasc	76882 <input type="checkbox"/> Venous Upper Extremity (R) (L) 93971
<b>LMP Date:</b>	(R) (L) Lower Extremity Limited Non-Vasc	76882 <input type="checkbox"/> Venous Lower Extremity Bilateral 93970
<b>Notes/Instructions:</b>	<input type="checkbox"/> Thyroid	76536 <input type="checkbox"/> Venous Upper Extremity Bilateral 93970
	<input type="checkbox"/> Soft Tissue Neck	76536 <input type="checkbox"/> Other Vascular
	<input type="checkbox"/> Scrotum	76870
	<input type="checkbox"/> Scrotum w/Doppler	76870/93975
	<input type="checkbox"/> Neonatal Head	76506
	<input type="checkbox"/> Soft Tissue Back	76604
	<input type="checkbox"/> Soft Tissue Other	specify

