



1100 S. Van Dyke
Bad Axe, MI 48413
989.269.1565 Option 1

Ultrasound Order Form

| | |
|--------------------|----------------------|
| Patient Name: | Date & Time of Test: |
| DOB: | |
| Ordering Provider: | CC: |
| Diagnosis: A. | B. |
| C. | D. |

| GENERAL US | CPT | US GUIDANCE | CPT | PREPS AND REMINDERS | |
|----------------------------------|-------|--------------------------------------|-------|--|--|
| ABD-Complete **** | 76700 | Guided Liver Biopsy | 76942 | **** = Nothing to eat or drink 8 hours prior to test | |
| ABD-Limited **** (circle below) | 76705 | Guidance Amniocentesis | 76946 | | |
| RUQ LUQ RLQ LLQ | | Guidance Cyst | 76942 | | |
| Abd Wall: Location _____ | | Guidance Biopsy | 76942 | | |
| Other _____ | | Guidance PICC line | 36569 | | |
| Aorta **** | 76770 | Guidance Paracentesis | 49083 | | *** = Please come to your appointment with a FULL Bladder |
| Axilla LT or RT | 76604 | Guidance Thorocentesis | 32555 | | * Please remember to bring all images & reports from exams performed at other facilities that pertain to your test for comparison* |
| Breast LT or RT | 76641 | | | | |
| Extremity Limited LT or RT | 76881 | ARTERIAL | | | |
| Pelvis-Transabdominal *** | 76856 | Arterial Duplex- Lower Bilateral | 93925 | | |
| Pelvis-Limited ** | 76857 | Arterial Duplex- Lower LT or RT | 93926 | | |
| Pelvis-Transvaginal | 76830 | Arterial Duplex- Upper Bilateral | 93930 | | |
| Prostate-Transrectal | 76872 | Arterial Duplex- Upper LT or RT | 93931 | | |
| Renal Only | 76775 | ABI | 93922 | | |
| Renal & Bladder | 76770 | Carotids | 93880 | | |
| Pre & Post Void Bladder *** | 76770 | Renal Arteries -NPO 12 hours before | 93975 | NPO = Nothing to eat or drink | |
| Soft Tissue Neck | 76536 | Segmental Pressures w/o exercise | 93923 | | |
| Thyroid | 76536 | Segmental Pressures w/ exercise | 93924 | | |
| Scrotal | 76870 | | | | |
| PREGNANCY | | VENOUS | | | |
| Bio-Physical Profile | 76819 | Venous-Lower Bilateral / DVT | 93970 | | |
| Pregnancy *** | 76811 | Venous-Lower / DVT LT or RT | 93971 | | |
| Pregnancy Follow-up | 76816 | Venous-Upper Bilateral / DVT | 93970 | | |
| Pregnancy-Limited | 76815 | Venous-Upper / DVT LT or RT | 93971 | | |
| Pregnancy-Transvaginal | 76817 | Venous Insufficiency Reflux Bilat | 93970 | | |
| Pregnancy - 1st Tri Transabd *** | 76801 | Venous Insufficiency Reflux LT or RT | 93971 | | |
| Fetal Umbilical Artery | 76820 | | | | |

Notes:

Provider Signature: