



Place Patient Label  
 Inside This Box

Name:		Sex:	Date of Birth:	Age:
Telephone(Home)		(Work)	(Mobile)	PreCert/Auth#
Physician Ph#	Physician Fax#		Print Name of Physician:	
<b>Physician Signature (Required)</b>			<b>Date/Time (Required):</b>	

APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM

**IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION:** Day of the week: \_\_\_\_\_ Preference:  Morning  Afternoon

**Please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.**

**ATTENTION PATIENT:**  
 If you have not been contacted within one business day about your appointment, please call (910) 715-2778 or (866) 415-2778.

CHECK PROCEDURE AND INSERT ICD-10 CODE			
Ultrasound Exams	CPT	DX CODE	
<input type="checkbox"/> ABD Complete Liver/GB/Pancreas	76700		
<input type="checkbox"/> ABD Lmtd Appendix/GB/Sngl Quad (Specify Site)	76705		
<input type="checkbox"/> Bladder & Retroperitoneum Complete	76770		
<input type="checkbox"/> Breast Unilateral Complete <input type="checkbox"/> L <input type="checkbox"/> R	76641		
<input type="checkbox"/> Breast Unilateral Limited <input type="checkbox"/> L <input type="checkbox"/> R	76642		
<input type="checkbox"/> Breast Bilateral Complete	76641-50		
<input type="checkbox"/> Breast Bilateral Limited	7664250		
<input type="checkbox"/> Extremity Nonvascular Complete <input type="checkbox"/> L <input type="checkbox"/> R	76881		
<input type="checkbox"/> Kidneys & Bladder (Specify GU Indication)	76770		
<input type="checkbox"/> Limited Aorta (AAA)	76775		
<input type="checkbox"/> Limited Retroperitoneum or Kidneys (Specify)	76775		
<input type="checkbox"/> Neo-Natal Head	76506		
<input type="checkbox"/> Pelvic Non-OB Cmpl Also order: 6830-US-Non-OB EV	76856 76830		
<input type="checkbox"/> Extremity Non Vasclr Lmtd. (Specify) <input type="checkbox"/> L <input type="checkbox"/> R	76882		
<input type="checkbox"/> Testicular / Scrotum	76870		
<input type="checkbox"/> Thyroid / Neck / Head	76536		
OB Exams	CPT	DX CODE	
<input type="checkbox"/> Biophysical Profile without Non-Stressing	76819		
<input type="checkbox"/> Pelvic OB (< 14 WK) Also order: 6817- US OB EV	76801 76817		
<input type="checkbox"/> Pelvic OB (>/= 14 WK)	76805		
<input type="checkbox"/> Transvaginal OB	76817		
<input type="checkbox"/> Umbilical Cord Doppler	76820		

Vascular Exams	CPT	DX CODE
<input type="checkbox"/> Abdominal Doppler (Celiac, SMA, IMA)	93975	
<input type="checkbox"/> Abdominal Doppler (Portal & Hepatic Veins)	93975	
<input type="checkbox"/> Abdominal Doppler (Renal Arteries)	93975	
<input type="checkbox"/> Carotid	93880	
<input type="checkbox"/> Lower Ext Duplex Arteries Or Graft <input type="checkbox"/> L <input type="checkbox"/> R	93926	
<input type="checkbox"/> Lower Ext Duplex Arteries Or Graft Bilateral	93925	
<input type="checkbox"/> Pseudoaneurysm - Diagnosis <input type="checkbox"/> L <input type="checkbox"/> R	93926	
<input type="checkbox"/> Upper Ext Duplex Arteries or Graft <input type="checkbox"/> L <input type="checkbox"/> R	93931	
<input type="checkbox"/> Upper Ext Duplex Arteries Or Graft Bilateral	93930	
<input type="checkbox"/> Venous Lower Ext (DVT) (Unilateral) <input type="checkbox"/> L <input type="checkbox"/> R	93971	
<input type="checkbox"/> Venous Lower Ext (DVT) (Bilateral)	93970	
<input type="checkbox"/> Venous Upper Ext (DVT) (Unilateral) <input type="checkbox"/> L <input type="checkbox"/> R	93971	
<input type="checkbox"/> Venous Upper Ext (DVT) Bilateral	93970	

Call Results to:	After Hours #:
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Comments:

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Appointment Date/Time:	<input type="checkbox"/> Spoke to patient <input type="checkbox"/> Left message for Patient <input type="checkbox"/> No answer
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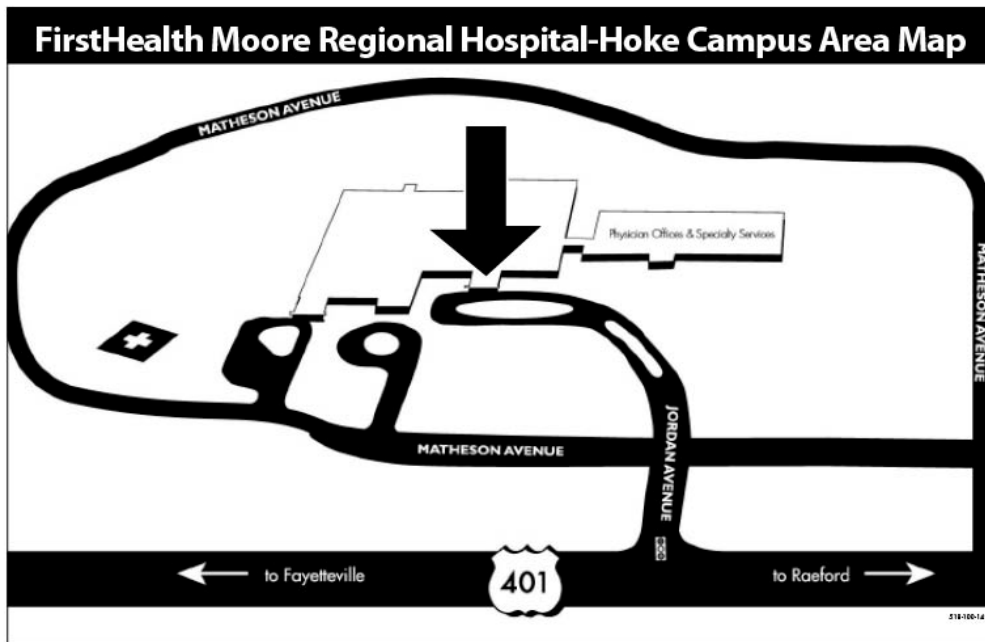
**\*\*Special Instructions to Ordering Physician:**

**US Preps**

Nothing to eat or drink for 6 hours prior to procedure

- ABD Complete
- ABD Limited
- Limited Aorta (AAA)
- ABD Dopplers

If you have any questions, Please call (910) 878-6610



<b>PARKING: Please check designated parking area for patients:</b>	
<input type="checkbox"/> Monday – Friday 7:30am – 5:00pm	Outpatients will enter through the Outpatient entrance.
<input type="checkbox"/> Monday – Friday after 5:00pm and Weekends	Outpatients will enter through the Emergency Department