



Place Patient Label  
Inside This Box

**Physicians Order for Diagnostics  
Ultrasound – Moore Campus**

Name:		Sex:	Date of Birth:	Age:	SS#:
Telephone(Home)		(Work)	(Mobile)	PreCert/Auth#	
Physician Ph#	Physician Fax#		Print Name of Physician:		

**Physician Signature (Required)** \_\_\_\_\_ **Date/Time (Required):** \_\_\_\_\_

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: Please bring a written list of all your current medications.  
 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	Vascular Exams	CPT	DX CODE
<input type="checkbox"/> ABD Complete Liver/GB/Pancreas	76700		<input type="checkbox"/> A/B Index Limited 1-2 Levels (ABI)	93922	
<input type="checkbox"/> ABD Lmtd Appendix/GB/Sngl Quad (Specify Site)	76705		<input type="checkbox"/> Abdominal Doppler (Celiac, SMA, IMA)	93975	
<input type="checkbox"/> Bladder & Retroperitoneum Complete	76770		<input type="checkbox"/> Abdominal Doppler (Portal & Hepatic Veins)	93975	
<input type="checkbox"/> Breast Unilateral Complete <input type="checkbox"/> L <input type="checkbox"/> R	76641		<input type="checkbox"/> Abdominal Doppler (Renal Arteries)	93975	
<input type="checkbox"/> Breast Unilateral Limited <input type="checkbox"/> L <input type="checkbox"/> R	76642		<input type="checkbox"/> Carotid	93880	
<input type="checkbox"/> Breast Bilateral Complete	7664150		<input type="checkbox"/> Extremity Arterial Study 3+ Levels w/o exercise(PVR)	93923	
<input type="checkbox"/> Breast Bilateral Limited	7664250		<input type="checkbox"/> Extremity Arterial Study 3+ Levels with exercise(PVR)	93924	
<input type="checkbox"/> Infant Hips Cmpltt w/ Manipultrn	76885		<input type="checkbox"/> Lower Ext Duplex Arteries Or Graft <input type="checkbox"/> L <input type="checkbox"/> R	93926	
<input type="checkbox"/> Kidneys & Bladder (Specify GU Indication)	76770		<input type="checkbox"/> Lower Ext Duplex Arteries Or Graft Bilateral	93925	
<input type="checkbox"/> Limited Aorta (AAA)	76775		<input type="checkbox"/> Pseudoaneurysm – Diagnosis <input type="checkbox"/> L <input type="checkbox"/> R	93926	
<input type="checkbox"/> Limited Retroperitoneum or Kidneys (Specify)	76775		<input type="checkbox"/> Pseudoaneurysm-Repair (Compress)	76936	
<input type="checkbox"/> Neo-Natal Head	76506		<input type="checkbox"/> Upper Ext Duplex Arteries or Graft <input type="checkbox"/> L <input type="checkbox"/> R	93931	
<input type="checkbox"/> Non Vasclr Lmtd. (Specify) <input type="checkbox"/> L <input type="checkbox"/> R	76882		<input type="checkbox"/> Upper Ext Duplex Arteries Or Graft Bilateral	93930	
<input type="checkbox"/> Nonvascular Complete(Specify) <input type="checkbox"/> L <input type="checkbox"/> R	76881		<input type="checkbox"/> Vein Mapping (Lower Extremity )	93970	
<input type="checkbox"/> Pelvic Non-OB Cmpltt	76856		<input type="checkbox"/> Venous Lower Ext (DVT) (Bilateral)	93970	
Also order: 6830-US-Non-OB EV	76830		<input type="checkbox"/> Venous Upper Ext (DVT) <input type="checkbox"/> L <input type="checkbox"/> R	93971	
<input type="checkbox"/> Prostate	76872		<input type="checkbox"/> Venous Upper Ext (DVT) Bilateral	93971	
<input type="checkbox"/> Testicular / Scrotum	76870		<b>Ultrasound Procedures</b>	<b>CPT</b>	<b>DX CODE</b>
<input type="checkbox"/> Thyroid Scan	76536		<input type="checkbox"/> Biopsy/Asp/Inj (Specify Site)		
<b>OB Exams</b>	<b>CPT</b>	<b>DX CODE</b>	<input type="checkbox"/> Breast Biopsy	19083	
<input type="checkbox"/> Biophysical Profile without Non-Stressing	76819		<input type="checkbox"/> Breast Needle Loc W/ Ultrasound	19285	
<input type="checkbox"/> Pelvic OB (< 14 WK) Also order: US OB Transvaginal	76801 76817		<input type="checkbox"/> Injection Thrombin Pseudoaneurysm	36002	
<input type="checkbox"/> Pelvic OB (>= 14 WK)	76805		<input type="checkbox"/> Liver Biopsy		
<input type="checkbox"/> Transvagial- Non OB	76830		<input type="checkbox"/> Paracentesis	49083	
<input type="checkbox"/> Transvagial OB	76817		<input type="checkbox"/> Renal Biopsy		
<input type="checkbox"/> Umbilical Cord Doppler	76820		<input type="checkbox"/> Thoracentesis <input type="checkbox"/> L <input type="checkbox"/> R	32555	
			<input type="checkbox"/> Thyroid Scan	76536	
			Also order: Guided FNA Thyroid, if needed	10022	
			<input type="checkbox"/> Thyroid FNA	10022	
			Also order: Thyroid scan if previous one not performed	76536	

Call Results to:	After Hours #:
Comments:	
Appointment Date/Time:	<input type="checkbox"/> Spoke to patient <input type="checkbox"/> Left message for Patient <input type="checkbox"/> No answer

**\*\*Special Instructions to Ordering Physician:**

If you are taking Aspirin, Coumadin, Plavix or any blood thinner discontinue use 5 days prior to procedure.

**Nothing to eat or drink for 3 hours prior to the procedure**

- Paracentesis
- Thoracentesis
- Liver Biopsy
- Renal Biopsy

**Nothing to eat or drink for 8 hours prior to procedure**

- ABD Complete
- ABD Limited
- ABD Dopplers

You will need a driver for these procedures.

If you have any questions, Please call (910) 715-1419

**Please check designated parking area for patients:**

- Outpatient parking:** Monday-Friday, 4:30 a.m. – 9:30 p.m., Saturday, 5:30 a.m. – 7:00 p.m. Closed Sunday. Outpatients should use the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.
- Pre-Admission Parking** is available in the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.

