



Place Patient Label
Inside This Box

Physicians Order for Diagnostics
Ultrasound – Lee Campus
Page 1 of 1

7041.03.15897.00.lee Sunset Date: 8/2022

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"/>	Abdominal Doppler (Celiac, SMA, IMA)	93975		
<input type="checkbox"/>	ABD Lmtd Appendix/GB/Sngl Quad (Specify Site)		76705		<input type="checkbox"/>	Abdominal Doppler (Portal & Hepatic Veins)	93975		
<input type="checkbox"/>	Bladder & Retroperitoneum Complete		76770		<input type="checkbox"/>	Abdominal Doppler (Renal Arteries)	93975		
<input type="checkbox"/>	Breast Unilateral Complete	<input type="checkbox"/> L <input type="checkbox"/> R	76641		<input type="checkbox"/>	Carotid	93880		
<input type="checkbox"/>	Breast Unilateral Limited	<input type="checkbox"/> L <input type="checkbox"/> R	76642		<input type="checkbox"/>	Lower Ext Duplex Arteries Or Graft	<input type="checkbox"/> L <input type="checkbox"/> R	93926	
<input type="checkbox"/>	Breast Bilateral Complete		7664150		<input type="checkbox"/>	Lower Ext Duplex Arteries Or Graft Bilateral		93925	
<input type="checkbox"/>	Breast Bilateral Limited		7664250		<input type="checkbox"/>	Upper Ext Duplex Arteries or Graft	<input type="checkbox"/> L <input type="checkbox"/> R	93931	
<input type="checkbox"/>	Kidneys & Bladder (Specify GU Indication)		76770		<input type="checkbox"/>	Upper Ext Duplex Arteries Or Graft Bilateral		93930	
<input type="checkbox"/>	Limited Aorta (AAA)		76775		<input type="checkbox"/>	Vein Mapping (Lower Extremity)		93970	
<input type="checkbox"/>	Limited Retroperitoneum or Kidneys (Specify)		76775		<input type="checkbox"/>	Venous Lower Ext (DVT) Bilateral		93970	
<input type="checkbox"/>	Neo-Natal Head		76506		<input type="checkbox"/>	Venous Lower Ext (DVT)	<input type="checkbox"/> L <input type="checkbox"/> R	93971	
<input type="checkbox"/>	Non Vascular Lmtd. (Specify)	<input type="checkbox"/> L <input type="checkbox"/> R	76882		<input type="checkbox"/>	Venous Upper Ext (DVT) Bilateral		93970	
<input type="checkbox"/>	Nonvascular Complete(Specify)	<input type="checkbox"/> L <input type="checkbox"/> R	76881		<input type="checkbox"/>	Venous Upper Ext (DVT)	<input type="checkbox"/> L <input type="checkbox"/> R	93971	
<input type="checkbox"/>	Pelvic Non-OB Cmplt		76856						
	Also order: 6830-US-Non-OB EV		76830						
<input type="checkbox"/>	Testicular / Scrotum		76870						
<input type="checkbox"/>	Thyroid Scan		76536						
OB Exams			CPT	DX CODE					
<input type="checkbox"/>	Biophysical Profile without Non-Stressing		76819						
<input type="checkbox"/>	Pelvic OB (< 14 WK)		76801						
	Also order: US OB Transvaginal		76817						
<input type="checkbox"/>	Pelvic OB (>= 14 WK)		76805						
<input type="checkbox"/>	Transvaginal Non OB		76830						
<input type="checkbox"/>	Transvaginal OB		76817						
<input type="checkbox"/>	Umbilical Cord Doppler		76820						

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:**

Nothing to eat or drink for 8 hours prior to procedure

- ABD Complete
- ABD Limited
- ABD Dopplers

