

USE BALL POINT PEN ONLY

ULTRASOUND

ORDER FORM FAX to: **336-328-4415**

* Please arrive @ _____ for Registration

Your appt. date is: _____

Your appt. time is: _____

ROUTINE

STAT CALL REPORT # _____

STAT CALL REPORT-- PATIENT TO WAIT # _____

To **schedule** an appt. please call 336-328-3333 option #7
M-Th 7:30am - 6:00pm, Friday 7:30am-5:00pm

For **Pre-Registration** call 336-328-3733
Monday - Friday 8:00am-6:00pm

Pt. Name : Last First Middle		Pt. D.O.B.	Practitioner Signature		Date
Pt. Phone #:	Pt. Precert / Authorization # Expires on:		Pt. Sex: M or F	Print Name of Practitioner	
Reason for Exam: _____					
ICD 10 Code : _____					

Exam	CPT Codes
ULTRASOUND EXAM	
ABDOMEN (COMPLETE) (Liver,GB,CBD,MPV,Panc.,Aorta,IVC,Spleen,Bilat Renals); NPO	76700
ABDOMEN (LIMITED) (*Single Organ or Appendix Eval. -NPO x 6hrs; * Palpable Mass-No Prep; * Infant Pylorus-NPO x 3hrs) Specify: _____	76705
GB / RUQ (Liver, Gallbladder, MPV,Common Bile Duct) :NPO	76705
RETROPERITONEAL (COMPLETE) (Aorta, Kidneys, Inferior Vena Cava); NPO (do not choose this exam for renal ultrasound; see and select next exam)	76770
RENAL (bilat kidneys and bladder); must specify need for Post Void Residual below <input type="checkbox"/> Kidneys and Bladder ONLY <input type="checkbox"/> include Bladder PVR-- arrive with a Full Bladder	76770
AORTA prep: NPO <input type="checkbox"/> 93978 Aorta Duplex ultrasound complete evaluation of the abdominal aortic and iliac arteries for stenosis or abdominal bruit. <input type="checkbox"/> *93979 Aorta Duplex limited for evaluation of Aorta only . For "AAA" Screening or followup/ known "AAA"; *used most often <input type="checkbox"/> 76706 Aorta Medicare screening ONLY (must meet Medicare criteria)	
SCROTUM/TESTICLE <input type="checkbox"/> w/ Doppler	76870 / 93975
*PELVIC/TRANSVAGINAL (transabdominal and transvaginal) *standard recommendation for eval of uterus and ovaries; arrive with a Full Bladder	76856 / 76830
PELVIC COMPLETE (transabdominal pelvic exam ONLY) arrive with a Full Bladder <input type="checkbox"/> MALE PELVIS (Bladder, prostate, seminal vesicles); arrive with a Full Bladder	76856
PELVIC/TV/FLO arrive with a Full Bladder (pelvic transabdominal + transvaginal + doppler); exam needed to evaluate for ovarian torsion	76856 / 76830 / 93975
TRANSVAGINAL (transvaginal ultrasound ONLY)	76830
THYROID	76536

Exam	CPT Codes
OBSTETRICAL	
OB<14 wks + TRANSVAGINAL arrive with a Full Bladder	76801+76817
OB<14 wks arrive with a Full Bladder	76801
OB>=14 wks complete arrive with a Full Bladder	76805
BIOPHYSICAL PROFILE w/o Non Stress Test	76819
OB FOLLOW-UP arrive with a Full Bladder (Follow up for fetal growth/weight or Amniotic Fluid Index, or placental eval., for example)	76816
*OB LIMITED (To eval. something specific. I.e Amniotic Fluid Index or cervical length, placenta, etc.) *exam most often done on Emergent basis for gestation greater than 14 wks ;eval fetal heart rate,movement,presentation,placenta,amniotic fluid,cervix and either a head or femur measurement will be obtained	76815
OB TRANSVAGINAL ONLY	76817

ULTRASOUND GUIDED BIOPSIES/PROCEDURES	
Can be Scheduled by calling: 336-328-3966 / Fax to 336-328-4416	
THYROID FNA <input type="checkbox"/> w/ Molecular Testing (Not sent/No cost unless indeterminate sample Bethesda 3 or 4 ; patient aware of additional cost)	76942 / 10022
THORACENTESIS	32555
PARACENTESIS	49083
LIVER BIOPSY	47000
ABSCESS DRAIN	75989
CYST ASPIRATION (Non-Breast)	76942 + 10022
LYMPH NODE BIOPSY	76942 + 38505
Please call Scheduling @ 336-328-3333 to schedule Baker's Cyst Aspiration	
BAKER'S CYST ASPIRATION	76942 / 20610

SPECIAL INSTRUCTIONS / ALLERGIES / COMMENTS:

******* Vascular Ultrasound has a separate form *******

- NPO = nothing to eat or drink 6 hrs prior to appt. time**
- Requires a full bladder. Drink 20-32oz water 1 hr prior to appt.

PALPABLE ABNORMALITY		
Write specific location / description below. (i.e. right, left, mandible, etc...)		
Neck/Head	<input type="checkbox"/> R <input type="checkbox"/> L	76536
Lower Extremity	<input type="checkbox"/> R <input type="checkbox"/> L	76882
Upper Extremity/Axilla	<input type="checkbox"/> R <input type="checkbox"/> L	76882
Chest / upper back	<input type="checkbox"/> R <input type="checkbox"/> L	76604
Lower back/abdominal wall	<input type="checkbox"/> R <input type="checkbox"/> L	76705
Pelvic wall/Buttock/Perineum	<input type="checkbox"/> R <input type="checkbox"/> L	76857
Groin	<input type="checkbox"/> R <input type="checkbox"/> L	76882
Other soft tissue	<input type="checkbox"/> R <input type="checkbox"/> L	76999

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Revised: 10/14/2021
ULTRASOUND Order Form



