

Patient Name: _____ DOB: _____

ICD-10 Codes (please specify by number): _____ CPT Codes: _____

Appt. Date and Time: _____ Office: _____ TC Modifier (if needed) _____

CARDIAC

- | | |
|---|---|
| <input type="checkbox"/> 93306 Echocardiogram | <input type="checkbox"/> 93350 Stress Echocardiogram
<input type="checkbox"/> 93351 Stress Echocardiogram with Physician |
|---|---|

VASCULAR

- | | |
|---|---|
| <input type="checkbox"/> 93925,93922 Arterial U/S Bilateral with ABI (lower)
<input type="checkbox"/> 93926,93922 Arterial U/S Unilateral with ABI (lower) R L
<input type="checkbox"/> 93922 Ankle Brachial Index (ABI)
<input type="checkbox"/> 93930 Arterial U/S Bilateral (upper)
<input type="checkbox"/> 93931 Arterial U/S Unilateral (upper) R L | <input type="checkbox"/> 93970 Venous, Bilateral (lower or upper)
<input type="checkbox"/> 93971 Venous, Unilateral (lower or upper) R L
<input type="checkbox"/> 93880 Carotid Duplex
<input type="checkbox"/> 93978 Aorta Duplex (Prep. NPO 6-8 hrs)*
<input type="checkbox"/> 93975 Renal Artery (Prep. NPO 6-8 hrs)* |
|---|---|

ABDOMINAL VASCULAR

- 76706 Screening Abdominal Aorta -- (**Welcome to Medicare Screening**) (**Prep. NPO 6-8 hrs**)*
- 93975, 76770 **Renal Artery & Renal Ultrasound** **Prep. Try to arrive at appointment with a full bladder but do not eat.**

ABDOMEN & KIDNEYS

- | | |
|---|---|
| <input type="checkbox"/> 76700 Complete Abdomen (Prep. NPO 6-8 hrs)*
<input type="checkbox"/> 76705 Right Upper Quadrant (Prep. NPO 6-8 hrs)*
<input type="checkbox"/> 76705 Left Upper Quadrant (No Prep) | <input type="checkbox"/> 76770 Renal Ultrasound (Prep. Full Bladder)*
<input type="checkbox"/> 76857 Bladder (Pre/Post-void) (Prep. Full Bladder)* |
|---|---|

THYROID , SOFT TISSUE & TESTICULAR / SCROTUM

- | | |
|--|--|
| <input type="checkbox"/> 76705* Soft tissue of abdomen (superficial)
<input type="checkbox"/> 76881 Soft tissue <i>only</i> of extremity ; non-vascular
<input type="checkbox"/> 76604 Soft tissue of chest (superficial) | <input type="checkbox"/> 76536 Thyroid
<input type="checkbox"/> 76536* Soft tissue of Neck
<input type="checkbox"/> 76870, 93975 Testicular / Scrotum with Doppler |
|--|--|

PREPARATIONS EXPLAINED

NPO: No food or drink 6 to 8 hours before test, if possible.

Full Bladder: Drink 32 oz. of water 1 hour before test. DO NOT EMPTY BLADDER. Arrive with Full Bladder.

**Renal and Renal Artery: Drink 32 oz. of water one hour before appointment and do not empty bladder...
 No other food or drink 4 to 6 hours before test, if possible. Arrive with Full Bladder.**

Please call our office with any questions 828-430-3511

I certify that the above examination is medically necessary for this patient.

Physician _____ DATE _____