



ULTRASOUND ORDER

CLIENT INFORMATION

Full Name : _____ Date Of Birth : _____

Phone Number : _____ E-Mail : _____

Diagnosis/History: _____

☒	CPT	Ultrasound Procedure	Cost	☒	CPT	Ultrasound Procedure	Cost
☐	76882	Soft Tissue Extremity non-vascular	\$185	☐	93975	US Renal Artery Study	\$225
☐	76536	Thyroid, Head/Neck soft tissue	\$185	☐	93979	US Aorta	\$185
☐	76642	Breast Limited Uni-Lateral, Localized	\$140	☐	76856, 76830	Pelvic Non-OB Transab &/or Transvag	\$199
☐	76700	US Abdomen Complete	\$225	☐	76857	Pelvic Non-OB, Limited, Fertility Monitoring (follicle &endo)	\$95
☐	76705	US Abdomen Limited	\$165	☐	76870	US Scrotum	\$179
☐	76770	US Kidneys and Bladder	\$185	☐	93307	Echocardiogram	\$285
☐	76816	US OB Limited/Follow-Up/Growth	\$185	☐	93880	US Carotid Doppler Complete	\$230
☐	76819	US Biophysical Profile (BPP)	\$145	☐	93925	Lower or Upper Extremity Arteries, Bilateral	\$299
☐	76801, 76817	OB 1st Tri Transab &/or Transvag	\$185	☐	93970	Lower OR Upper Extremity Veins, Bilateral	\$299
☐	76805	US OB Complete	\$215	☐	93971	Lower OR Upper Extremity Veins, Unilateral	\$199
☐	76810	Additional Fetus OB Complete	\$100	☐	91200, 76981	Liver Elastography	\$185
☐	76813	OB Nuchal Translucency	\$215	☐	76882	Inguinal Hernia	\$185

Cost listed above is all-inclusive.

Book online at www.InFocusUltrasound.com or Scan the QR code below. **Payment methods accepted include: HSA/FSA card, Credit Card, Care Credit, Cash, Check, Nomi/Zero Card, Assist Radiology. A Superbill can be provided for self-submission insurance claims.**

More Information :

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 2322 N Interstate Dr. Norman, OK 73072
 405-296-4500 Phone
 405-296-3360 Habla Español
 405-583-4903 Fax
www.InFocusUltrasound.com



Provider Signature

Date

Fax Number to Receive Results:

SCAN TO SCHEDULE