



ULTRASOUND ORDER

CLIENT INFORMATION

Full Name : _____ Date Of Birth : _____

Phone Number : _____ E-Mail : _____

Diagnosis/History: _____

<input checked="" type="checkbox"/>	CPT	Ultrasound Procedure	Cost
<input type="checkbox"/>	76536	Soft Tissue Head/Neck	\$85
<input type="checkbox"/>	76536	Thyroid	\$135
<input type="checkbox"/>	76642	Breast Limited Uni-Lateral	\$85
<input type="checkbox"/>	76700	US Abdomen Complete	\$195
<input type="checkbox"/>	76705	US Abdomen Limited	\$135
<input type="checkbox"/>	76770	US Kidneys and Bladder	\$175
<input type="checkbox"/>	93976	US Renal Artery Study	\$215
<input type="checkbox"/>	76801	US OB 1st Trimester	\$125
<input type="checkbox"/>	76801, 76817	US OB 1st Trimester Transabdominal & Transvaginal	\$165
<input type="checkbox"/>	76805	US OB Complete	\$170
<input type="checkbox"/>	76816	US OB Limited/Follow-up/Per Fetus	\$100

<input checked="" type="checkbox"/>	CPT	Ultrasound Procedure	Cost
<input type="checkbox"/>	76819	US Biophysical Profile	\$100
<input type="checkbox"/>	76856	US Pelvic Non-OB	\$125
<input type="checkbox"/>	76856, 76830	US Pelvic Non-OB Transabdominal & Transvaginal	\$165
<input type="checkbox"/>	76857	US Pelvic Non-OB Limited (Follicle & Endometrium) Fertility Monitoring	\$95
<input type="checkbox"/>	76870	US Scrotum	\$135
<input type="checkbox"/>	93307	Echocardiogram	\$249
<input type="checkbox"/>	93880	US Carotid Doppler Complete	\$185
<input type="checkbox"/>	93925	Duplex Scan of Lower or Upper Extremity Arteries, Complete Bilateral	\$185
<input type="checkbox"/>	93970	Duplex Scan of Lower OR Upper Extremity Veins, Complete Bilateral	\$185
<input type="checkbox"/>	93971	Duplex Scan of Lower OR Upper Extremity Veins, Limited Unilateral	\$95
<input type="checkbox"/>	93979	US Aorta	\$95

Cost listed above is all-inclusive

Instructions for your ultrasound:

Book online at www.InFocusUltrasound.com or Scan the QR code below. If you need to reschedule or cancel your appointment, please text/call 405-296-4500 or refer to your appointment confirmation email to change your appointment online. **Payment Methods accepted include: HSA card, Credit Card, Care Credit, Cash or Check. Itemized receipt can be provided for self-submission insurance claims but we do not direct process.**

More Information :

- 903 NW 13th St. OKC, OK 73106
- 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

Please fax or email results to:

SCAN TO SCHEDULE