



ULTRASOUND REQUISITION

SELF-PAY DIAGNOSTIC ULTRASOUND IMAGING

Patient Name : _____ Date Of Birth : _____

Phone Number : _____ E-Mail : _____

Diagnosis/History: _____



76801/76817 US First 1st Transab and/or Transvag

76802 Add-on gestation 1st trimester

76813 OB Nuchal Translucency NT (11-14 weeks)

76805 US OB Complete Level 1

76810 US OB Complete Level 1 add-on gestation

76811 US OB Detailed Fetal Anatomy Level 2 (MFM read)

76812 US OB Level 2 Anatomy add-on gestation (MFM read)

76816 US OB Follow-Up Growth per fetus

76819 US Biophysical Profile BPP

76825 US Initial Fetal Echo Complete (MFM read)

76856/76830 Pelvic non-OB Transab and/or Transvag

76857 Fertility Monitoring Pelvic TV (follicle & endo only)

76642 Breast Ltd, Uni-Lateral, Localized (no screening, no complete)



76700 US Abdomen Complete (NPO Prep)

76705 US Abdomen Limited (NPO Prep)

76770 US Kidneys and Bladder

76870 Scrotum

76536 Thyroid, Head/Neck Soft Tissue

76882 Soft Tissue Extremity Non-Vascular

93979 US Aorta

93975 US Renal Artery Study

93975 Duplex Scan Abdominal Vessels

93880 US Carotid Doppler Complete

93925 Lower or Upper Exts Arterial, Bilat.

93970 Extremity Veins, Bilateral

93306 Echocardiogram (Non-Stress)

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, Zero Card, Assist Radiology, Savvos, Green Imaging. A Superbill can be provided for self-submission insurance claims.**

www.InFocusUltrasound.com

More Information :

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- 2312 N Interstate Dr. Norman, OK 73072
- 405-296-4500 Phone (text available)
- 405-296-3360 Habla Español
- 405-583-4903 Fax



SCAN TO SCHEDULE

Provider Signature

Date

NPI

Fax Number to Receive Results: