



PATIENT INFORMATION	ORDERING PROVIDER- <i>Required</i>
Name: _____	Provider Name: _____
DOB: ____/____/____ Phone: _____	NPI: _____ Phone: _____
Insurance ID: _____	Fax: _____

DIAGNOSTIC ULTRASOUND REQUISITION

GENERAL & ABDOMINAL	VASCULAR (DOPPLER)
☐ Abdomen Complete 76700 ☐ Abdomen Limited - RUQ/Gallbladder 76705 ☐ Renal/Retroperitoneal Complete 76770 ☐ Renal/Bladder Limited 76775 ☐ Aorta - Screen/Follow-up 76775	☐ Carotid Duplex Bilateral 93880 ☐ Venous Doppler LE/UE Bilateral - DVT 93970 ☐ Venous Doppler LE/UE Unilateral 93971 ☐ RT LT ☐ Arterial Doppler LE/UE Bilateral 93925 ☐ Arterial Doppler LE/UE Unilateral 93926 ☐ RT LT ☐ Renal Doppler 76770+93975 ☐ RUQ+ Liver Doppler Complete 76705+93975
OBSTETRICAL (OB) <i>General OB only- no MFM</i>	SMALL PARTS / GYN
☐ OB < 14 Weeks / 1st Trimester 76801 ☐ OB > 14 Weeks / 2nd/3rd - Anatomy 76805 ☐ OB Transvaginal 76817 ☐ Twin / Additional Fetus 76810 ☐ OB > 14 Weeks / 2nd/ 3rd Trim Growth 76816 ☐ _____ (CPT:_____)	☐ Thyroid / Soft Tissue Neck 76536 ☐ Breast Ultrasound Unilateral ☐ RT LT 76641 ☐ Breast Ultrasound Bilateral 76642 ☐ Scrotum / Testes 76870 ☐ Pelvis Complete - Transabdominal 76856 ☐ Transvaginal Non-OB 76830
PEDIATRICS	OTHER
☐ Appendix 76705 ☐ Abdomen Complete 76700 ☐ Renal/Bladder Limited 76775	☐ _____ (CPT:_____)

CLINICAL INDICATION / DIAGNOSIS (ICD-10 Code Required):

Ordering Provider Signature	Date
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Routine Studies Only | Report to be sent via HIPAA Secure Portal or Fax. *Note: Diagnostic exams require clinical documentation and ordering provider signature to be valid for insurance. For diagnostic and screening ultrasound only.*