



<b>Patient LAST NAME, FIRST NAME, MIDDLE INITIAL</b>		<b>Patient Phone Number:</b>	
<b>Patient DOB:</b>	Gender <input type="checkbox"/> M <input type="checkbox"/> F	<b>Patient Address:</b>	
SSN#:			
<b>Insurance: Please send copy of insurance card(s)</b>		Demographics sheet is acceptable if copies of insurance cards are N.A.	
<b>Agency/Facility Name:</b>		<b>Phone:</b>	<b>Fax:</b>
<b>Ordering Physician:</b>		<b>NPI:</b>	
<b>Hospice/Palliative Provider:</b>		<b>Hospice Phone:</b>	
<b>Date of Service:</b>			

**\*Please check the exam being ordered & circle corresponding symptom code if applicable\***

**Ultrasound / Doppler / Echocardiogram**

<b>REASON:</b> <input type="checkbox"/> Bedridden <input type="checkbox"/> Confused/ Dementia <input type="checkbox"/> Combative <input type="checkbox"/> Outpatient <input type="checkbox"/> Too Ill <input type="checkbox"/> Abnormalities of Gait & Mobility						
	<b>Examination</b>	<b>CPT</b>		<b>Examination</b>	<b>CPT</b>	
	US Abdomen Complete	76700		US Joint/Soft Tissue Complete	76881	US OB < 14 weeks Pregnancy
	US Abdomen Limited	76705		US Joint/Soft Tissue Limited	76882	US OB Transvaginal
	US Extremity Arteries Bilateral	93925		Echocardiogram	93306	US Pelvic
	US Extremity Arteries Unilateral	93926		EKG	93000	US Pleural Effusion Chest
	US Bi-Carotid Doppler Artery	93880		US Extremity Veins Bilateral	93970	US Retroperitoneal Complete
	US Bladder	76857		US Extremity Veins Unilateral	93971	US Retroperitoneal Limited
	US Breast Complete w/ Axilla	76641		US Neck, Thyroid/Parathyroid	76536	US Scrotum & Contents
	US Breast Limited	76642		US OB Additional gestation	76802	US Transvaginal
				US OB > 14 weeks	76805	

**Diagnoses Codes**

Abnormal liver function	<b>R94.5</b>	Right lower quadrant pain	<b>R10.31</b>	Endemic Goiter, Unspecified	<b>E01.2</b>
Upper Abdominal pain, unspecified	<b>R10.10</b>	Left lower quadrant pain	<b>R10.32</b>	Nontoxic single Thyroid nodule	<b>E04.1</b>
Generalized Abdominal pain	<b>R10.84</b>	Diastolic (congestive) heart failure	<b>I50.30</b>	Other conditions w/ female genital organs & menstrual cycle	<b>N94.89</b>
Pelvic and Perineal pain	<b>R10.2</b>	Circulatory/Respiratory symptoms, specified	<b>R09.89</b>	Leiomyoma of uterus, unspecified	<b>D25.9</b>
Chest pain, unspecified	<b>R07.9</b>	Dizziness	<b>R42</b>	Excessive bleeding; premenopausal	<b>N92.4</b>
Shortness of breath	<b>R06.02</b>	Syncope	<b>R55</b>	Benign cyst of testis	<b>N44.2</b>
Localized Edema	<b>R60.0</b>	Headache	<b>R51</b>	Disorder of male genital organs	<b>N50.9</b>
Unspecified Abdominal pain	<b>R10.9</b>	Abnormalities of Gait & Mobility	<b>R26.9</b>	Pain in unspecified limb	<b>M79.609</b>
Essential (primary) Hypertension	<b>I10</b>				

<b>Notes/Special Instructions:</b>	<b>Patient Symptom/ Diagnosis:</b> (If not listed above)
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**Please Fax Physician Signature:** \_\_\_\_\_

**Completed Forms to: (888) 315-2848**