

Name: _____ SS # _____ Date: ___/___/___ Male Female

Facility _____ Date of Birth: ___/___/___ Room # _____

Medicare # _____ Medicaid # _____

Other Ins ID _____ Pre-authorization _____

Order Placed By: _____ **Requesting Physician:** _____ **Tel:** _____

PERIPHERAL VENOUS DOPPLER 93970 / 93971

Lower: R L

Upper: R L

- Pain (location) _____ indicate _____
- R60.0 Edema (localized)
- Phlebitis/thrombophlebitis
- Previously diagnosed DVT (identify vein) _____ indicate _____
- Other sign/symptoms _____ indicate _____

PERIPHERAL ARTERIAL DOPPLER 93923 / 93925

Lower: R L

Upper: R L

- Pain (location) _____ indicate _____
- R60.0 Edema (localized)
- R55 Syncope/collapse
- Other sign/symptoms _____ indicate _____

CAROTID DUPLEX DOPPLER 93880

- R55 Syncope/collapse
- R22.1 Localized swelling, mass/lump, neck
- Other sign/symptoms _____ indicate _____

THYROID 76536

- E04.9 Nontoxic goiter
- E05.90 Thyrotoxicosis
- E04.1 Nontoxic single thyroid nodule
- R22.1 Localized swelling, mass/lump, neck
- Other sign/symptoms _____ indicate _____

ABDOMINAL 76700 NPO 2 Hrs.

- Pain (location) RUQ RLQ LUQ LLQ
- I71.4 Abdominal aortic aneurysm, w/o rupture
- K56.60 Intestinal obstruction
- K66.9 Disorder of peritoneum, unsp
- K80.20 Calculus of gallbladder
- R16.0 Hepatomegaly, not classified
- R16.1 Splenomegaly, not classified
- R18.8 Other ascites
- R19.09 abd/pelvic swelling, mass/lump
- Other sign/symptoms _____ indicate _____

RENAL/ BLADDER 76770

- N17.9 AKF, unsp
- N18.9 CKD, unsp
- N20.0 Calculus of kidney
- N39.0 UTI, not specified
- N23 Unsp renal colic
- Other sign/symptoms _____ indicate _____

PELVIC 76856

- N39.0 UTI, not spec
- N83.20 Unsp ovarian cysts
- N33.9 Retention of urine, unsp
- R19.00 Swelling, mass/lump, unsp site
- R10.81 LQ abd tenderness R L
- R39.19 Other diff w/ micturition – PVR
- N93.8 Abnormal uterine/vaginal bleeding, unsp

SOFT TISSUE 76882

- M71.21 Right Synovial cyst of popliteal space [Baker]
- M71.22 Left Synovial cyst of popliteal space [Baker]
- Mass (location) _____ indicate _____
- Other sign/symptoms _____ indicate _____

BREAST Limited 76642

R L

- N64.4 Mastodynia
- N60 Solitary cyst
- N63 Unsp lump in breast
- Other sign/symptoms _____ indicate _____

SCROTUM 76870

- R10.2 Pain
- N43.0 Encysted hydrocele
- N50.8 disorder of male genital organs
- Other sign/symptoms _____ indicate _____

PROSTATE 76872

- R39.11 Urinary hesitancy
- N40.0 Enlarge prostate
- R35.1 Nocturia
- N41.3 Prostatocystitis
- Other sign/symptoms _____ indicate _____

ECHOCARDIOGRAM 2D Mode 93306

Cardiac Doppler 93320

Doppler Color Flow 93325

- I27.0 Primary pulm hypertension
- I51.7 Cardiomegaly
- I50.9 Heart failure,
- R01.1 Cardiac murmur, unsp
- I05.0 Rheumatic mitral stenosis
- Other sign/symptoms _____ indicate _____

HOLTER MONITORING 93224 - 93227

- I48.2 Chronic atrial fib
- Other atrial fib _____ indicate _____
- I47.9 Tachycardia Paroxysmal
- I47.2 Tachycardia Ventricular
- R00.2 Palpitations
- R42 Dizziness/Giddiness
- R55 Syncope/collapse

Previous History: _____

Other Exam: _____

Other Diagnosis: _____

Physician Sig.

Refusals:

Patient Refused Not Avail

Date: _____ Nurse: _____

Tech: _____

Completed Exams:

Date: _____ Nurse: _____

Tech: _____

Tech Findings: _____