



**Radiology Request- Ultrasound**  
**Scheduling 540-332-4400 Fax 540-332-4490**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Weight \_\_\_\_\_ Appt. Date/Time \_\_\_\_\_  
 Patient Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Ins. Subscriber/DOB \_\_\_\_\_ Relation to Patient \_\_\_\_\_  
 Pre-Auth Required: Y \_\_\_ N \_\_\_ Pre-Auth# \_\_\_\_\_ Packet Given: Y \_\_\_ N \_\_\_  
 Reason for Exam \_\_\_\_\_

Ultrasound Exam	CPT	Ultrasound Exam	CPT
<input type="checkbox"/> Abdomen Complete	76700	<input type="checkbox"/> Lower Extremity Doppler-Bilateral	93970
<input type="checkbox"/> Abdomen Complete with Doppler	93975	<input type="checkbox"/> Lower Extremity Doppler L ___ R ___	93971
<input type="checkbox"/> Abdomen Limited (including RUQ)	76705	<input type="checkbox"/> Low. Extremity Nonvascular L ___ R ___	76882
<input type="checkbox"/> Abdomen Limited with Doppler	93976	<input type="checkbox"/> Upper Extremity Doppler-Bilateral	93970
<input type="checkbox"/> Abdomen Limited soft tissue/hernia ___ Abdominal wall ___ Lower back ___ Buttock ___ Perineum ___ Groin	76705 76705 76857 76857 76882	<input type="checkbox"/> Upper Extremity Doppler L ___ R ___	93971
<input type="checkbox"/> Gallbladder	76705	<input type="checkbox"/> Upper Extremity Nonvascular L ___ R ___	76882
<input type="checkbox"/> Abdominal Aorta Medicare Screening	76706	<input type="checkbox"/> Scrotum and contents	76870
<input type="checkbox"/> Abdominal Aorta Ultrasound	76775	<input type="checkbox"/> Thyroid/Parathyroid	76536
<input type="checkbox"/> Renal Include post void residual Yes ___ No ___	76775	<input type="checkbox"/> Head Neck Soft Tissue	76536
<input type="checkbox"/> Pelvis (Non-OB) Transvaginal <input type="checkbox"/> Pelvis Transabdominal (w/ prep)- *** patients under 18 or patient preference	76830 76856	<input type="checkbox"/> Other Exam: (Please specify) _____ _____	

**Wet Read** Y  N  Patient leave if negative? Y  N  Results will be faxed

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_