Patient Name _____ DOB _____

Primary Care Physician _____ Primary Insurance _____

Ordering Physician _____ Ins. # _____

Ordering Physician Office Phone Number _____ Secondary Ins. _____

ICD−10 and Diagnosis _____ Secondary Ins.# _____

_____ Pre−Cert #/Pre−Approval _____

Comments _____ Appointment Date/Time _____

Precautions / Allergies: Shellfish / **Iodine** Date Signed _____

Physicians / ARNP / PA Signature Required: X _____

Send copy of report to: _____

Please **CHECK EXAM** below ****RADIOLOGIST RECOMMENDED**

Ultrasound Examinations

☐ Abdominal Complete ** (**routine**)				76700
☐ Abdominal Limited (**example: appendix, pylorus, aorta, hernia, RUQ, or one organ**)				76705
☐ Head (neonatal)				76506
☐ Breast	☐ Bilateral	☐ Right	☐ Left	76441
☐ Chest		☐ Right	☐ Left	76604
☐ Extremity Upper Non−Vascular		☐ Right	☐ Left	76882
☐ Extremity Lower Non−Vascular		☐ Right	☐ Left	76882
☐ Pelvic Limited (describe)		☐ Male	☐ Female	76857
☐ Pelvic Complete w/ Transvaginal **(**routine**)				76856, 76830
☐ Pelvic Complete				76856
☐ Pelvic Transvaginal Only				76830
☐ OB Complete ** (routine)				76700
☐ OB Limited (**AFI, Placenta, Position, Fetal Demise**)				76815
☐ Biophysical Profile				76819
☐ Renal Complete (**Kidneys, Bladder, Prostate**)				76770
☐ Soft Tissue Head / Neck / Thyroid / Parathyroid				76536
☐ Scrotum and Contents				76870
☐ Abscess Drainage (indicate location)				75989
☐ Cyst Aspiration (indicate location)				76942
☐ Needle Biopsy (indicate location)				76942
☐ Infant Hip w/Manipulation (**by Radiologist**)				76885
☐ Infant Hip w/out Manipulation **(**routine**)				76998
☐ Spinal Canal Infant				76880
☐ Thoracentesis		☐ Right	☐ Left	32555
☐ Paracentesis				49083
☐ US Other (describe)				

Patient Steps:

1) **You must bring this form to the hospital the day of your appointment.**
2) **Your Insurance Card must be presented at the time of registration.**

Ultrasound Preps

Exam Time: 30 min − 1 hr

Abdomen (GB, Liver, Aorta, Kidneys) & Abdomen Limited

Nothing to eat or drink 12 hours prior to the exam. If you are a diabetic controlled by medication, please contact your physician for instructions. Medication may be taken with a sip of water only. Your examination may be rescheduled if you are not adequately prepped upon arrival. Please arrive 15 minutes prior to your scheduled appointment time.

Abdomen & Pelvic

Nothing to eat or drink 12 hours prior to the exam with the exception of preparation for pelvic. If you are diabetic controlled by medication please contact your physician for instructions. Drink 32 oz of water one and a half hours before your appointment. Have all water consumed within the first 30 minutes. DO NOT URINATE. Your examination may be rescheduled if you are not adequately prepped upon arrival. Please arrive 15 minutes prior to your scheduled appointment time.

Pelvic

Drink 32 oz of water one and a half hours before your appointment. Have all water consumed within the first 30 minutes. DO NOT URINATE. Your examination may be rescheduled if you are not adequately prepped upon arrival. Please arrive 15 minutes prior to your scheduled appointment time.

OB Complete

Drink 32 oz of water one and a half hours before your appointment. Have all water consumed within the first 30 minutes. DO NOT URINATE. Your examination may be rescheduled if you are not adequately prepped upon arrival. Please arrive 15 minutes prior to your scheduled appointment time.

Renals / Kidneys

Age 12 & Under drink 8 − 12 oz of water 1 hour prior to exam. Have all water consumed within the first 30 minutes. DO NOT URINATE. Your examination may be rescheduled if you are not adequately prepped upon arrival.

Age 12+ − Adult drink 32 oz of water 1 ½ hours prior to exam. Have all water consumed within the first 30 minutes. DO NOT URINATE. Your examination may be rescheduled if you are not adequately prepped upon arrival. Please arrive 15 minutes prior to your scheduled appointment time.

Appendix, Thyroid, Scrotal, Pedi Hips, Neonatal Head, Breast, Biophysical Profile, Extremities, Chest

No Prep. Please arrive 15 minutes prior to your scheduled appointment time.

Pylorus

Please bring a bottle of breastmilk, formula or Pedialyte.

Transvaginal

Follow pelvic prep.

Biopsies/Paracentesis/Thoracentesis

Please arrange for a ride home following your appointment. Begin fasting 6 hours (solid food) and 2 hours (liquid) prior to your appointment. **If you are a diabetic controlled by medication, please call your physician for instructions. Your examination may be rescheduled if you are not adequately prepped upon arrival. Please arrive 60 minutes prior to your scheduled appointment time.

***Please note that exam time may exceed 1 hour**