

Palmetto Ultrasound

Centers

ULTRASOUND EXAM ORDER FORM

CALL TO SCHEDULE: 800-695-6078

FAX ORDERS: 828-368-4523

501 A Memorial Drive Ext Greer, SC 29651

PATIENT INFORMATION:

PLEASE SEE REVERSE SIDE FOR PATIENT EXAM INFORMATION AND DIRECTIONS

PATIENT NAME: _____ APPOINTMENT DATE & TIME: _____

PATIENT PHONE #: _____ DATE OF BIRTH: _____ SEX: __M__F

DOES PATIENT HAVE INSURANCE? (PLEASE CIRCLE) YES NO INSURANCE PAYOR: _____

ECHOCARDIOGRAPHY ULTRASOUND STUDIES

___ 93306 ECHOCARDIOGRAM (18+)

VASCULAR ULTRASOUND STUDIES

___ 76706 AAA SCREENING

___ 93880 CAROTID DUPLEX

___ 93978 ABDOMINAL AORTIC DUPLEX

___ 93975 RENAL ARTERIAL DUPLEX

___ 93922 ANKLE BRACHIAL INDEX (ABI)

___ 93971 VENOUS DUPLEX LOWER EXTREMITY: __L__R

___ 93925 ARTERIAL DUPLEX, LOWER EXTREMITY

___ 93971 VENOUS DUPLEX UPPER EXTREMITY: __L__R

___ 93931 ARTERIAL DUPLEX, UPPER EXTREMITY

___ 93970 VENOUS DUPLEX BILATERAL __LOWER__UPPER

GENERAL ULTRASOUND STUDIES

___ 76700 ABDOMINAL, COMPLETE

___ 76870/93975 TESTICULAR/SCROTUM (INCLUDES DOPPLER)

___ 76705 ABDOMINAL, LIMITED (RUQ)

___ 76881 SOFT TISSUE MASS: LOCATION _____

___ 76770/93975 RENAL/RETROPERITONEAL (KIDNEYS)

___ 76857 PELVIC MALE (TRANSABDOMINAL)

___ 76536 THYROID

___ OTHER: _____

GYN ULTRASOUND STUDIES

___ 76856 PELVIC, COMPLETE (TRANSVAGINAL AND TRANSABDOMINAL)

___ 76857 PELVIC, LIMITED (TRANSVAGINAL OR TRANSABDOMINAL) ___TA ___TV

OB ULTRASOUND STUDIES

___ EARLY OB US (<14 WEEKS/MAY INCLUDE TRANSVAGINAL EXAM)

___ PREGNANCY US, FOLLOW-UP

___ GROWTH & ANATOMY US (20 WEEKS)

___ PREGNANCY US, LIMITED

___ BIOPHYSICAL PROFILE (BPP)

___ OTHER: _____

INDICATIONS FOR STUDY/ICD-10 CODES: (DO NOT USE TO "RULE-OUT" POSSIBLE OR SUSPECTED CONDITIONS)

1. _____ 2. _____ 3. _____

REFERRAL INFORMATION:

REFERRING PHYSICIAN: _____

SIGNATURE

DATE

PHYSICIAN'S PHONE: _____ PHYSICIAN'S FAX: _____

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FAX ORDERS: 828-368-4523

SCHEDULE A PATIENT: 828-430-3511 - FAX ORDER TO: 828-368-4523

ULTRASOUND EXAM INFORMATION

PLEASE CALL 828-430-3511

*WE HAVE YOUR ULTRASOUND APPOINTMENT RESERVED
SPECIFICALLY FOR YOU.*

*PLEASE CALL, AT LEAST 24 HOURS BEFOREHAND, IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT AND
NEED TO RESCHEDULE.*

THE FOLLOWING ULTRASOUND EXAMS REQUIRE SPECIFIC PREP:

ABDOMINAL AORTIC ULTRASOUND

THE PATIENT CANNOT HAVE ANYTHING TO EAT OR DRINK 6 HOURS PRIOR TO THE EXAM; TAKE AN ANTACID (TURNS, ROLAIDS, ETC) 30-MINUTES PRIOR

ABDOMINAL COMPLETE & LIMITED ULTRASOUNDS

THE PATIENT CANNOT HAVE ANYTHING TO EAT OR DRINK 6 HOURS PRIOR TO THE EXAM; TAKE AN ANTACID (TURNS, ROLAIDS, ETC) 30-MINUTES PRIOR

BLADDER ULTRASOUND

THE PATIENT NEEDS TO DRINK 32 OUNCES OF WATER, 1 HOUR PRIOR TO THEIR EXAM AND CANNOT VOID UNTIL AFTER THE EXAM.

PELVIC (TRANSVAGINAL AND/OR TRANSABDOMINAL)

THE PATIENT NEEDS TO DRINK 32 OUNCES OF WATER, 1 HOUR PRIOR TO THE EXAM, AND CANNOT VOID UNTIL AFTER THE EXAM.

OB ULTRASOUND

THE PATIENT NEEDS TO DRINK 16 OUNCES OF WATER, 1 HOUR PRIOR TO THE EXAM, AND CANNOT VOID UNTIL AFTER THE EXAM.

RENAL ULTRASOUND (KIDNEY)

THE PATIENT NEEDS TO DRINK 16 OUNCES OF WATER 1 HOUR PRIOR TO THE EXAM. THE PATIENT CANNOT VOID ONE HOUR PRIOR TO THE EXAM.

RENAL ARTERY DUPLEX ULTRASOUND (FOR HYPERTENSION)

THE PATIENT CANNOT HAVE ANYTHING TO EAT OR DRINK FOR 4 HOURS PRIOR TO THEIR EXAM. DRINK 16 OUNCES OF WATER 30 MINUTES PRIOR TO THE EXAM AND TAKE AN ANTACID (TURNS, ROLAIDS, ETC).

SCHEDULE A PATIENT: 828-430-3511 OR FAX ORDER: 828-368-4523