

PALMETTO ULTRASOUND CENTERS

501 A Memorial Dr Ext Greer SC 29651
3225 Reidville Rd. Spartanburg, SC 29301

Ultrasound exam order form
Call to schedule: 864-982-6429
Fax orders: 864-754-9334

PATIENT INFORMATION: PLEASE SEE REVERSE SIDE FOR PATIENT EXAM INFORMATION AND DIRECTIONS

Patient Name: _____ appointment date & time: _____

Patient Ph#: _____ Date of Birth: _____ Gender M F

Does Patient have insurance Y or N (circle one) If yes, Member ID# _____

ECHOCARDIOGRAM ULTRASOUND STUDY

_____ 93306 ECHOCARDIOGRAM

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: <u> </u> L <u> </u> R |
| ___ 93925 AR TERIAL DUPLEX, LOWER EXTREMITY | ___ 93971 VENOUS DUPLEX UPPER EXTREMITY: <u> </u> L <u> </u> R |
| ___ 93931 ARTERIAL DUPLEX, UPPER EXTREMITY | ___ 93970 VENOUS DUPLEX BILATERAL <u> </u> LOWER <u> </u> 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

- | | |
|----------------------------------------------------------|-----------------------------------|
| ___ 76801 EARLY OB US <14 WEEKS/MAY INCLUDE TRANSVAGINAL | ___ 76816 PREGNANCY US, FOLLOW-UP |
| ___ 76805 GROWTH & ANATOMY US (20 WEEKS) | ___ 76815 PREGNANCY US, LIMITED |
| ___ 76819 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: _____

SCHEDULE A PATIENT: 864-982-6429- FAX ORDER TO: 864-754-9334

ULTRASOUND EXAM INFORMATION

PLEASE CALL 864-982-6429

*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 CALL: 864-982-6429 OR FAX ORDER: 864-754-9334



Palmetto Ultrasound Centers, LLC

501 A Memorial Dr. Ext. Greer, SC 29651

Phone: 864-982-6429 Fax # 864-754-9334

ULTRASOUND WELLNESS SCREENINGS

Patient Name: _____

DOB: _____

Contact Number: _____

Appointment Date/Time: _____

Option 1 **Solid Organ Screen (SOS)** **\$125**

Thyroid, Pancreas, Liver, Kidneys, Spleen *Uterus & Ovaries additional option for women

*****Prep: Patient cannot have anything to eat or drink 6 hours prior to screening (women drink 16 oz water 30 minutes prior to exam)**

This 2D ultrasound screen evaluates for the presence of any **visible** nodules, masses or tumors. Often these are found early, the prognosis is better than having waited until the onset of symptoms

Option 2 **Critical Vessel Screen (CVS)** **\$125**

Carotid Arteries, Subclavian Arteries, Abdominal Aorta and Tibial Arteries

3 out of 4 abdominal aortic aneurysms are found by chance. Many cases of ruptured aneurysms could have been prevented with early diagnosis and/or medical treatment

This screen uses 2D, color flow and Doppler to assess major arteries for the presence of atherosclerosis (plaque) and/or aneurysms

Option 3 **Ultrasound Screening Package (CVS/SOS/IMT)** **\$225**

*****includes intima media thickness measurements**

***Special pricing when you bundle both of our screenings together

Referring Physician: _____ Date: _____

Physician's Ph #: _____ Physician's Fax: _____

Screenings are not covered by insurance. We accept all major credit cards and cash.