USE BALL POINT PEN ONLY

ORDER FORM FAX to: 336-328-4415

To schedule an appt. please call 336-328-3333 option #7
M-Th 7:30am - 6:00pm, Friday 7:30am-5:00pm

For Pre-Registration call 336-328-3733
Monday - Friday 8:00am-6:00pm

Pt. Phone #:  
Pt. Precert / Authorization #:  
Expires on:  
Pt. Sex: M or F
Print Name of Practitioner

Reason for Exam:  

Routine

- REQUIRED

- STAT CALL REPORT #  
- STAT CALL REPORT - PATIENT TO WAIT #  

NPO = This exam requires nothing to eat or drink 6 hrs prior to appt. time
This exam requires a full bladder. Drink 20-32oz water 1 hr prior to appt.

- ORDER FORM FAX to: 336-328-4415

- Please arrive @ for Registration
Your appt. date is:  
Your appt. time is:  

Exam | CPT Codes | Exam | CPT Codes
--- | --- | --- | ---

**ABDOMEN (COMPLETE); NPO** 76700

**ABDOMEN (LIMITED)** 76705

- *(Single Organ Eval.; NPO; * Palpable Mass-No Prep; * Infant Pyloris-NPO x 3hrs)*

- GB / RUQ (Liver, Gallbladder, Common Bile Duct) : NPO 76705

- Retroperitoneal / Aorta Complete (Aorta, Kidneys, Inferior Vena Cava) : NPO 76770

- RENAL must specify need for Post Void Residual
  - Bladder - arrive with a Full Bladder
  - Kidney 76770

- THYROID 76536

- Neop-Natal Head (0-6mos of age) 76506

- SCROTUM/TESTICLE w/ Doppler 76870 / 93975

- PELVIC/TRANSVAGINAL arrive with a Full Bladder
  - (transabdominal and transvaginal; *standard recommendation for eval of uterus and ovaries) 76856 / 76830

- PELVIC COMPLETE arrive with a Full Bladder
  - (transabdominal pelvic exam ONLY) 76856

- PELVIC/TV/FLO arrive with a Full Bladder
  - (pelvic transabdominal + transvaginal + doppler); exam needed to evaluate for ovarian torsion) 76856 / 76830 / 93975

- TRANSVAGINAL (transvaginal ultrasound ONLY) 76830

**PALPABLE ABNORMALITY**

Write specific location / description below. (i.e. right, left, mandible, etc...)

<table>
<thead>
<tr>
<th>Location</th>
<th>R</th>
<th>L</th>
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<tbody>
<tr>
<td>Neck/Head</td>
<td></td>
<td>76536</td>
</tr>
<tr>
<td>Lower Extremity</td>
<td></td>
<td>76882</td>
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<tr>
<td>Upper Extremity/Axilla</td>
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<td>76882</td>
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<tr>
<td>Chest / upper back</td>
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<td>76604</td>
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<tr>
<td>Lower back/abdominal wall</td>
<td></td>
<td>76705</td>
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<tr>
<td>Pelvic wall/Buttock/Perineum</td>
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<td>76857</td>
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<tr>
<td>Groin</td>
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<td>76882</td>
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<tr>
<td>Other soft tissue</td>
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<td>76999</td>
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**OBSTETRICAL**

- OB<14 wks + TRANSVAGINAL arrive with a Full Bladder 76801 + 76817
- OB<14 wks arrive with a Full Bladder 76801
- OB>=14 wks complete arrive with a Full Bladder 76805
- BIOPHYSICAL PROFILE w/o Non Stress Test 76819
- OB FOLLOW-UP arrive with a Full Bladder 76816
  - (Follow up for fetal growth/weight or Amniotic Fluid Index, or placental eval., for example)
- OB LIMITED arrive with a Full Bladder 76815
  - To eval. something specific. (Amniotic Fluid Index or cervical length, for example)

**OTHER** SPECIFY

**Vascular** has a separate form

**ULTRASOUND GUIDED BIOPSY/PROCEDURES**

Please call the Radiology Nurse to schedule these procedures at 336-625-5151 ext 3003 Fax to 328-4415 then call 328-4416

- THYROID FNA 76942 / 10022
- THORACENTESIS 32555
- PARACENTESIS 49083
- LIVER BIOPSY 47000
- ABSCESS DRAIN 75989
- CYST (Non-Breast) 76942 / 10022
- BAKER'S CYST ASPIRATION 76942 / 20610

**SPECIAL INSTRUCTIONS / ALLERGIES / COMMENTS:**

Write specific location / description below. (i.e. right, left, mandible, etc...)

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Revised: 05/25/2016
ULTRASOUND Order Form