

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Male Female

Referring Physician (Print): _____

Referring Physician Signature: _____

Referring Physician Phone: _____ Fax: _____

Insurance: _____ Authorization #: _____

OFFICE USE ONLY:

Exam Date: _____

Exam Time: _____

RESULTS:

STAT Phone Results

ARTERIAL ULTRASOUND Left Right BIL

- | | |
|--|---|
| <input type="checkbox"/> ABI [93922] | <input type="checkbox"/> PVR [Resting 93923] [Exercise 93924] |
| <input type="checkbox"/> Aorta iliac – Celiac, SMA, Renal [93978] | <input type="checkbox"/> Renal Artery Evaluation [93975] |
| <input type="checkbox"/> Lower Extremity [UNI 93926] [BIL 93925] | <input type="checkbox"/> Upper Extremity [UNI 93931] [BIL 93930] |
| <input type="checkbox"/> Male Pelvis [93980] | <input type="checkbox"/> Other: _____ |

Signs / Symptoms (required)

- | | |
|--|---|
| <input type="checkbox"/> Aneurysm disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Claudication | <input type="checkbox"/> Ischemic ulceration |
| <input type="checkbox"/> Decreased/Absent pulses | <input type="checkbox"/> PVD, Atherosclerosis |
| <input type="checkbox"/> Erectile dysfunction | <input type="checkbox"/> Rest pain |
| <input type="checkbox"/> Gangrene/Pre-gangrenous changes | <input type="checkbox"/> Other: _____ |

CEREBROVASCULAR ULTRASOUND

- Extracranial (Carotid Duplex)** [UNI 93882] [BIL 93880]

Signs / Symptoms (required)

- | | |
|---|--|
| <input type="checkbox"/> Amaurosis fugax | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Cervical bruit | <input type="checkbox"/> Syncope with collapse |
| <input type="checkbox"/> CVA <input type="checkbox"/> TIA | <input type="checkbox"/> Weakness of limb |
| <input type="checkbox"/> Facial weakness | <input type="checkbox"/> Other: _____ |

VENOUS ULTRASOUND

- Left [93971] Right [93971] BIL [93970]

- Dialysis Access**
- Lower Extremity**
- Upper Extremity**
- Venous Map for Dialysis Access** [G0365, 93931]
- Other:** _____

Signs / Symptoms (required)

- Dialysis Access AFV/AVG
- DVT
- Edema
- Erythema
- Inflammation
- LE Edema s/p major surgical proc.
- Non-Healing Wound/Ulcer
- Tenderness
- Varicose Veins
- Other: _____

MAGNETIC RESONANCE IMAGING (3 TESLA SIEMENS TIM TRIO MRI)

- | | |
|--|--|
| <input type="checkbox"/> Abdomen [W/ 74181] [W+/W/O 74182] | <input type="checkbox"/> Extremity <input type="checkbox"/> Left <input type="checkbox"/> Right |
| <input type="checkbox"/> Dynamic | <input type="checkbox"/> Upper Extremity [W/ 73219] [W+/W/O 73220] Location: _____ |
| <input type="checkbox"/> Adrenal <input type="checkbox"/> Kidneys | <input type="checkbox"/> Lower Extremity [W/ 73719] [W+/W/O 73720] Location: _____ |
| <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas | <input type="checkbox"/> Head |
| <input type="checkbox"/> MRCP | <input type="checkbox"/> Brain [W/O 70551] [W+/W/O 70553] |
| <input type="checkbox"/> MR Enterography [74183, 72197] | <input type="checkbox"/> Internal Auditory Canals (IAC's) [70553] |
| <input type="checkbox"/> Angiography <input type="checkbox"/> Venography | <input type="checkbox"/> Orbits [W/O 70540] [W+/W/O 70543] |
| <input type="checkbox"/> Abdominal [74185] | <input type="checkbox"/> Pituitary [70553] |
| <input type="checkbox"/> Brain - Head [70546] | <input type="checkbox"/> Sinus [70486] |
| <input type="checkbox"/> Carotid - Neck [70549] | <input type="checkbox"/> TMJ [70336] |
| <input type="checkbox"/> Chest [71555] | <input type="checkbox"/> Trigeminal Nerves [W/O 70542] [W+/W/O 70543] |
| <input type="checkbox"/> Pelvis [72198] | <input type="checkbox"/> Neck (soft tissue) [W/O 70490] [W+/W/O 70492] |
| <input type="checkbox"/> Renal [74185] | <input type="checkbox"/> Pelvis [W/O 72195] [W+/W/O 72197] |
| <input type="checkbox"/> Lower Extremity and Run-Off [74185, 72198, 73725] | <input type="checkbox"/> Prostate <input type="checkbox"/> Uterus, Ovaries |
| <input type="checkbox"/> MR Arthrogram <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Spine |
| <input type="checkbox"/> Upper Extremity [73222] Location: _____ | <input type="checkbox"/> Cervical [W/O 72141] [W+/W/O 72156] |
| <input type="checkbox"/> Lower Extremity [73722] Location: _____ | <input type="checkbox"/> Thoracic [W/O 72146] [W+/W/O 72157] |
| <input type="checkbox"/> Brachial Plexus [73220] <input type="checkbox"/> Left <input type="checkbox"/> Right | <input type="checkbox"/> Lumbar [W/O 72148] [W+/W/O 72158] |
| <input type="checkbox"/> Cardiac [75561] | <input type="checkbox"/> Sacroiliac (S/I Joints) [W/O 72195] [W+/W/O 72197] |
| <input type="checkbox"/> Chest [W/O 71550] [W+/W/O 71552] | <input type="checkbox"/> Other: _____ |

Signs / Symptoms (required): _____