McLaren
THUMB REGION

1100 S. Van Dyke
Bad Axe, MI 48413
989.269.1565 Option 1

Ultrasound Order Form

Patient Name:	**Date & Time of Test:**
DOB:	
Ordering Provider:	**CC:**
Diagnosis: A.	**B.**
C.	**D.**

	GENERAL US	CPT
	ABD-Complete ****	76700
	ABD-Limited **** (*circle below*)	76705
	RUQ LUQ RLQ LLQ	
	Abd Wall: Location_____	
	Other _____	
	Aorta ****	76770
	Axilla LT or RT	76604
	Breast LT or RT	76641
	Extremity Limited LT or RT	76881
	Pelvis-Transabdominal ^^^	76856
	Pelvis-Limited ^^^	76857
	Pelvis-Transvaginal	76830
	Prostate-Transrectal	76872
	Renal Only	76775
	Renal & Bladder	76770
	Pre & Post Void Bladder ^^^	76770
	Soft Tissue Neck	76536
	Thyroid	76536
	Scrotal	76870
	PREGNANCY	
	Bio-Physical Profile	76819
	Pregnancy ^^^	76811
	Pregnancy Follow-up	76816
	Pregnancy-Limited	76815
	Pregnancy-Transvaginal	76817
	Pregnancy - 1st Tri Transabd ^^^	76801
	Fetal Umbilical Artery	76820

	US GUIDANCE	CPT
	Guided Liver Biopsy	76942
	Guidance Amniocentesis	76946
	Guidance Cyst	76942
	Guidance Biopsy	76942
	Guidance PICC line	36569
	Guidance Paracentesis	49083
	Guidance Thorocentesis	32555
	ARTERIAL	
	Arterial Duplex- Lower Bilateral	93925
	Arterial Duplex- Lower LT or RT	93926
	Arterial Duplex- Upper Bilateral	93930
	Arterial Duplex- Upper LT or RT	93931
	ABI	93922
	Carotids	93880
	Renal Arteries –NPO 12 hours before	93975
	Segmental Pressures w/o exercise	93923
	Segmental Pressures w/ exercise	93924
	VENOUS	
	Venous-Lower Bilateral / DVT	93970
	Venous-Lower / DVT LT or RT	93971
	Venous-Upper Bilateral / DVT	93970
	Venous-Upper / DVT LT or RT	93971
	Venous Insufficiency Reflux Bilat	93970
	Venous Insufficiency Reflux LT or RT	93971

PREPS AND REMINDERS

***** = Nothing to eat or drink 8 hours prior to test***

^^^ = Please come to your appointment with a FULL Bladder

****Please remember to bring all images & reports from exams performed at other facilities that pertain to your test for comparision****

NPO = Nothing to eat or drink

Notes:

Provider Signature: