



Ultrasound Referral Form



Date of Service		Referring Physician		Referring Physician Phone		Send Report To:	
Patient Name		Sex	DOB	Patient Phone		Preliminary Diagnosis	
Address		Apt #	City	State	Zip	SSN	
Subscriber Name - Primary				Subscriber Name - Secondary			
Primary Insurance			Type	Secondary Insurance			Type
Contract No.				Contract No.			
Group No.				Group No.			
Fax:							

Procedure

Retroperitoneal / Abdominal

- Abdominal Ultrasound 76700
- Liver 76705
- Spleen 76705
- Gallbladder 76705
- Pancreas 76705
- Retroperitoneal 76770
- Kidney L R 76775
- Aorta Doppler 93978
- Renal Doppler 93975
- Single Organ (Specify) 76705

Small Parts

- Thyroid - Neck Soft Tissue 76536
- Breast L R 76645
- Testicles 76870
- Transrectal Prostate 76872
- Extremities Soft Tissue 76880
- Rotator Cuff 76880
- Achilles Tendon 76880

OB GYN / Pelvic

- Male Pelvis 76856
- Female Pelvis 76856
- Transvaginal 76830
- Pre & Postvoid Bladder Volumes (pelvic limited) 76857
- Obstetrics 76805

Preliminary Diagnosis

- RT Upper Quadrant 78901
- RT Lower Quadrant 78903
- Epigastric 78906
- LT Upper Quadrant 78902
- LT Lower Quadrant 78904
- Low Back Pain 7242
- Unspecified Liver disease 5739
- Hepatomegaly (liver) 7891
- Calculus (bladder) 5941
- Kidney Stone 5920
- Hematuria (idiopathic) 5997
- Abdominal Aortic Aneurysm 4414
- Renal Artery Aneurysm 4421
- Abdominal Mass 78930
- Urinary Frequency 78841
- Gallbladder Cholelithiasis 57450
- Diseased Pancreas 5779
- Splenomegaly 7892

- Thyroid Goiter 2409
- Breast Mass 61172
- Dysuria 7881
- Prostate Hypertrophy 6000
- Thyroid Nodule 2410
- Nocturia 78843
- Testicular Pain 6089
- Testicular Mass/Hypertrophy 60889

- Urinary Tract Infection 5990
- Pelvic Mass 78930
- Fibroid (Uterus) 2189
- Enlarged Uterus 6216
- Ovarian Cyst 2395
- Pelvic Pain 6259
- Menorrhagia 6262
- Amenorrhea 6260
- Dysmenorrhea 6253
- Fetal (growth) 65650
- Ectopic Pregnancy 63390

Appointment		Please Indicate if Patient has	Reason For Ordering Test / Medical Necessity	
Date	Time		<input type="checkbox"/> BCN	
		<input type="checkbox"/> HAP		
		<input type="checkbox"/> PPO		
		<input type="checkbox"/> HMO (other)		
			Physicians Signature	Date

We are committed to protecting patient privacy and abiding by all healthcare regulations including those set forth by HIPAA.