RadiologyAssist

Schedule By Phone
855-346-5152

Schedule Online
RadiologyAssist.com

Fax Number
855-345-5222

ULTRASOUND IMAGING ORDER FORM

Patient Information

Patient Name			DOB	
Phone	Email			
Address	City	State	Zip	

Provider Information

Provider Name			NPI	
Office Name				
Office Address	City	State	Zip	
Office Phone	Fax			

Ultrasound

☐ Abdomen Complete (76700)
☐ Abdomen Limited (76705)
☐ Axilla (76882)
☐ Bladder (76857)
☐ Breast Complete (76641) ☐ R ☐ L
☐ Cartoid (93880)
☐ Chest (76604)
☐ Soft Tissue Neck/Thyroid (76536)
☐ Kidney/Renal (76770)
☐ Pelvic - Complete Non-OB (76856)
☐ Pelvic – Transvaginal Complete (76856, 76830)
☐ Pelvic – Transvaginal Complete w/ Doppler (76856, 76830, 93975)

☐ Prostate (76856)
☐ Renal Artery (93975)
☐ Scrotum (76870)
☐ Scrotum - Vascular (76870, 93976)
☐ Spine (76800)
☐ Transvaginal (76856)
☐ Upper/Lower Extremity - Complete (76881) ☐ R ☐ L
☐ Ankle ☐ Hip ☐ Knee ☐ Foot ☐ Lower Leg ☐ Thigh
☐ Elbow ☐ Shoulder ☐ Wrist ☐ Hand ☐ Upper Arm ☐ Forearm
☐ Venous
☐ Unilateral (93971) ☐ Bilateral (93970)
☐ Other : ____

OB/GYN

☐ OB Limited (76815)
☐ OB Follow-Up (76816)
☐ OB Transvaginal (76817)

☐ 1st Trimester <14 weeks (76801)
☐ 2nd & 3rd Trimester >14 weeks (76805)
☐ Other : ____

Special Instructions:

Diagnosis/Indications:	ICD-10 Codes:

Physician Signature : ____ Date : ______________________________