USE BALL POINT PEN ONLY

ULTRASOUND

ORDER FORM FAX to: 336-328-4415

➢ **REQUIRED**

❑ *ROUTINE*

❑ *STAT CALL REPORT #* _____

❑ *STAT CALL REPORT-- PATIENT TO WAIT #* _____

* Please arrive @_____ for Registration

Your appt. date is: _____

Your appt. time is: _____

*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. Name : Last First Middle | ➢ Pt. D.O.B. | ➢ Practitioner Signature | ➢ Date Time

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

➢ Reason for Exam: _____

➢ ICD 10 Code :

[x] Access central line or port if present and use for administration of medications and fluids. Flush per protocol.

[ ] Do NOT access central line or port if present (if checked, this order prevents above order to access central line or port)

✓	Exam	CPT Codes
	ULTRASOUND EXAM	
	ABDOMEN (COMPLETE); NPO	76700
	ABDOMEN (LIMITED) (*Single Organ Eval. -NPO;* Palpable Mass-No Prep; * Infant Pyloris-NPO x 3hrs) Specify:_____	76705
	GB / RUQ (Liver, Gallbladder, Common Bile Duct) :NPO	76705
	RENAL (bilat kidneys and bladder); must specify need for Post Void Residual bel ❑ Kidneys and Bladder Only ❑ include Bladder PVR-arrive with a Full Bladder	76770
	AORTA prep: NPO	
	❑ 93978 Aorta Duplex Limited for evaluation of Aorta only. For "AAA" Screening or followup/known "AAA";*used most often	
	❑ 78706 Aorta Medicare screening ONLY (must meet Medicare criteria)	
	THYROID	76536
	SCROTUM/TESTICLE ❑**w/ Doppler**	76870 / 93975
	*PELVIC/TRANSVAGINAL (transabdominal and transvaginal) ***standard recommendation** for eval of uterus and ovaries)	76856 / 76830
	PELVIC COMPLETE (transabdominal pelvic exam ONLY) arrive with a Full Bladder ❑ MALE PELVIS (Bladder, prostate, seminal vesicles); arrive with a Full Bladder	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…)	
	Neck/Head ❑ R ❑ L	76536
	Lower Extremity ❑ R ❑ L	76882
	Upper Extremity/Axilla ❑ R ❑ L	76882
	Chest / upper back ❑ R ❑ L	76604
	Lower back/abdominal wall ❑ R ❑ L	76705
	Pelvic wall/Buttock/Perineum ❑ R ❑ L	76857
	Groin ❑ R ❑ L	76882
	Other soft tissue ❑ R ❑ L	76999

✓	Exam	CPT Codes
	OBSTETRICAL	
	OB<14 wks + TRANSVAGINAL arrive with a Full Bladder	76801+76817
	OB<14 wks arrive with a Full Bladder	76801
	BIOPHYSICAL PROFILE w/o Non Stress Test	76819
	OB FOLLOW-UP arrive with a Full Bladder (Follow up for fetal growth/weight or Amniotic Fluid Index, or placental eval., for example)	76816
	OB LIMITED arrive with a Full Bladder To eval. something specific. (Amniotic Fluid Index or cervical length, for example)	76815
	*exam most often done on Emergent basis for gestation greater than 14 wks: eval fetal heart rate, movement, presentation, placenta, amniotic fluid cervix and either a head or femur measurement will be obtained.	
	OB TRANSVAGINAL ONLY	76817

ULTRASOUND GUIDED BIOPSIES/PROCEDURES

Please call the Radiology Nurse to schedule these procedures at

336-328-3966 Fax to 336-328-4416

	THYROID FNA	76942 / 10022
	❑**w/Molecular Testing (Not sent/No cost unless indeterminate sample Bethesada 3 or 4, patient aware of additional cost)**	
	THORACENTESIS	32555
	PARACENTESIS	49083
	LIVER BIOPSY	47000
	ABSCESS DRAIN	75989
	CYST ASPIRATION (Non-Breast)	76942 / 10022
	LYMPH Node	
	BAKER'S CYST ASPIRATION	76942 / 20610

SPECIAL INSTRUCTIONS / ALLERGIES / COMMENTS:

***** **Vascular Ultrasound has a separate form** ****

❑ ***NPO = nothing to eat or drink 6 hrs prior to appt. time***

❑ ***Requires a full bladder. Drink 20-32oz water 1 hr prior to appt.***

Randolph Health

169900006
Revised: 5-2026
ULTRASOUND Order Form