



Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Appointment Date & Time: \_\_\_\_\_

NUMBER IN PARENTHESES INDICATES TESTING TIME NEEDED

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**PACKAGES**

- CardioScan 93978, 93880, 93308, 93926 (45)
- LifeGuard 93970, 93306 (30)

**ABDOMINAL**

- Abdominal Complete 76700 (20)
  - o NPO 8 hours
- Abdominal Limited 76705 (15)
  - o NPO 8 hours
- Renal Complete 76770 (20)
- Bladder w/ PVR 76857 (10)

**VASCULAR**

- Carotid Duplex 93880 (20)
- Aortoiliac Duplex 93978 (20)
- LE Arterial Duplex, Bilateral 93925(30)
- LE Arterial Duplex, Unilateral 93926 (20)
- UE Arterial Duplex, Bilateral 93930 (30)
- UE Arterial Duplex, Unilateral 93931 (20)
- Venous Bilateral 93970 (30)
- Venous Unilateral 93971 (20)
- Renal Arterial Duplex 93975 (30)
  - o NPO 8 hours

**SMALL PARTS**

- Thyroid 76536 (20)
- Breast 76441 (20)
- Extremity, Nonvascular 76881 (20)

**CARDIAC**

- Echocardiogram, Complete 93306 (30)
- Echocardiogram, Limited 93308 (15)

**PELVIC**

- Transabdominal Pelvic 76856 (30)
  - o Full bladder needed
- Transvaginal Pelvic 76830 (30)
- Prostate transrectal 76872 (30)
- Scrotal 76870 (30)

**OBSTETRICS**

- 1<sup>st</sup> Trimester <14 weeks, single 76801 (30)
- 1<sup>st</sup> Trimester <14 weeks, twins 76802 (30)
- Transvaginal OB 76817 (20)
- Anatomy Scan, single 76805 (30)
- Anatomy Scan, Additional 76806 (20)
- Obstetrics Limited 76816 (20)
- Follow-up OB growth/anatomy 76816 (20)
- Nuchal Translucency 76813 (20)
- Biophysical Profile 76818 (30)
- Umbilical Artery Doppler 76820 (20)

**INDICATION(S):**

**PROVIDER'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FAX ALL ORDERS TO 1800-889-0010**