



UTAH IMAGING ULTRASOUND

Call Scheduling: 801-281-0027 FAX ORDER TO: 801.262.1533

650 East 4500 South, Suite 100 * Salt Lake City, UT 84107

PATIENT: Name: _____ DOB: _____ Phone: _____

Insurance: _____ Diagnosis/Symptoms: _____

In order to receive your report please complete the following - ORDERING FACILITY: _____

Provider Name: _____ Phone: _____ Fax: _____

PROVIDER SIGNATURE (REQUIRED) _____

Please check this box if you would like us to contact the patient to schedule the appointment

X	FEMALE	CPT	X	OTHER	CPT
	OB >14 Weeks: _____	TBD		Chest	76604
	OB <14 Weeks: _____	TBD		Soft Tissue Head & Neck	76536
	OB Transvaginal	76817		Pseudo-aneurysm Guided Compression	76936
	Pelvic- TransAbdominal and/or TransVaginal (if necessary)	76856		Other: _____	TBD
			X	VASCULAR	CPT
X	SMALL PARTS	CPT		Segmental Pressures Doppler Extremity	93923
R L	Extremity Non-Vascular	76880		Ankle Brachial Index	93922
	Scrotal / Testicular	76870		Abdomen/Pelvis Doppler Complete (Circle one: Renal Arteries / Pre or post TIPS / Great Vessels)	93975
	Thyroid	76536		Abdominal IAorta	93978
				Carotid Arteries Duplex	93880
X	ABDOMINAL	CPT		Renal Artery Doppler	93975
	Abdominal Complete (Liver, Gallbladder, CBD, Pancreas, Spleen, Aorta, IVC, Kidney)	76700		Upper Ext. Artery Duplex Bilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93930
	Abdominal U/S Limited (Liver, GB, Pancreas, RT Kidney/Appendix/Ascites)	76705	R L	Upper Ext. Artery Duplex Unilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93931
	Liver / Gallbladder / Spleen (Circle one)	76705		Lower Ext. Artery Duplex Bilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93925
	Pancreas or Adrenal (Circle one)	76770	R L	Lower Ext. Artery Duplex Unilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93926
	Bladder - Pre & Post Void	76857	U / L	Extremity Veins Upper or Lower Duplex Bilateral (Circle one: DVT / Vein Mapping)	93970
	Renal Complete w / Bladder Retroperitoneal	76770	RU / RL LU / LL	Extremity Veins Upper or Lower Duplex Unilateral (Circle one: DVT / Vein Mapping)	93971
	Renal without Bladder	76775	RL / LL	Venous Insufficiency Bilateral Or Unilateral (Circle one or both)	93965

Additional Women's Services

____ HSG (Hysterosalpingogram) ____ Fallopian Tube Recanalization Consultation ____ Uterine Fibroid Embolization Consultation

Appointment Date: _____ Time: _____

Ultrasound Preparations:

- Any exam that does not need preparation can often be scheduled within the hour.
- All others (depending on prep time) can usually be scheduled same day.
- Abdominal & Aorta ultrasound need to be scheduled *next day*.

No Preparation for the following exams: **Carotid, Extremity, Testicular, Thyroid, Any Vascular Exam, & Superficial/Muscular**

Preparation Necessary:

Abdomen, Abdominal Vessels & Aorta: Do not eat or drink anything after midnight the night before the exam until the exam is completed. This includes not drinking any water, smoking or chewing gum.

Pelvic, Renal, Bladder, O.B.: A full bladder is essential. **Drink 32 oz** of fluid prior to the exam, finishing 1 hour prior to exam start time. **Do not void until after the exam is completed.**