ULTRASOUND REQUISITION

PLEASE ATTACH A COPY OF PATIENT'S FACE SHEET & DR'S ORDER

MODESTO MOBILE IMAGES SERVICES Tel: 209-814-6239 Fax: 916-623-0411

DATE_____/_____/_____ RM#_____

PATIENT FIRST & LAST NAME_____DOB____/_____/_____

FACILITY NAME_____PHONE#_____

ORDERING PHYSICIAN (LAST, FIRST)_____NURSE(LAST,FIRST)_____

ABDOMINAL/PELVIC EXAMS:

Abdomen complete	76700
Abdomen Limited	76705
Retroperitoneal(Renal)	76770
Pelvic Complete	76856
Prostate	76856
Bladder	76857

SMALL PARTS EXAM:

Breast	unilateral/complete	76641
Chest/mediastinum		76604
Extremities Non-Vascular		76881
Scrotum		76870
Thyroid/Soft Tissue Head & Neck		76536
Soft Tissue upper extremity		76882
Soft Tissue(axilla)		76882
Soft Tissue upper back		76604-52

VASCULAR EXAMS

Aorta		93978
Carotid		93880
Lower Extremity Arterial Bilaterial		93925
Lower Extremity Arterial Unilateral	RT/LT	93926
Upper Extremity Arterial Bilaterial		93930
Upper Extremity Arterial Unilateral	RT/LT	93931
Upper Extremity Venous Bilateral		93970
Upper Extremity Venous Unilteral	RT/LT	93971
Lower extremity Venous Bilateral		93970
Lower Extremity Venous Unilateral	RT/LT	93971

SYMPTOMS/DIAGNOSIS: