

# ULTRASOUND SERVICES OF LOUISIANA

174 Grant Rd. • Opelousas, LA 70570

888-803-9147  
**Fax** 337-504-7990

**SKILLED PATIENT**    YES    NO

Date \_\_\_\_\_

Patient's First Name	Middle Initial	Last Name	Date of Birth	Sex	Room/Floor
Social Security #		Medicare #	Additional Insurance		

Facility Name \_\_\_\_\_ (   )

Responsible Party Name   Address   City/State   Zip Code   Phone #

Additional Ins. Info.   Address   City/State   Zip Code

Policy #   Group #   Phone #

Ordering Physician \_\_\_\_\_ Primary Physician \_\_\_\_\_

**PRIORITY (circle)   STAT   TODAY   OTHER** \_\_\_\_\_

**ULTRASOUND PROCEDURES**

*Please Mark Each Clearly*

- 76700 Abdomen Complete
- 76705 Abdomen Limited
- 93979 Aorta
- 93930 Arterial Upper Bilateral
- 93931 Arterial Upper Rt or Lt
- 93925 Arterial Lower Bilateral
- 93926 Arterial Lower Rt or Lt
- 76857 Bladder (32 oz. of water, do not void)
- 76775 Bladder (Post Void) (32 oz. of water, do not void)
- 76641 Breast Complete
- 76642 Breast Limited
- 76856 Pelvic (32 oz. of water, do not void)
- 76770 Renal with Bladder
- 93975 Renal Arteries
- 76882 Soft Tissue
- 93970 Venous Upper Bilateral
- 93971 Venous Upper Rt or Lt
- 93970 Venous Lower Bilateral
- 93971 Venous Lower Rt or Lt
- 93880 Carotid
- 93306 Echo
- 76536 Thyroid / Neck
- 93975 Scrotum with Doppler
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

**EXAM RELATED SYMPTOMS MUST BE INDICATED BEFORE PERFORMANCE**

*Please Mark ALL That Apply*

- H53.139 Sudden Visual Loss
- H53.2 Diplopia
- H93.19 Tinnitus (Ringing in Ear)
- R52 Pain / Unspecified
- R55 Syncope and Collapse
- R26.9 Abnormality of Gait
- R27.9 Lack of Coordination
- R29.5 Transient Paralysis of Limb
- R47.01 Aphasia
- R01.1 Carotid Bruit
- G45.9 TIA
- M79.609 Pain in Limb
- I96 Gangrene
- R60.9 Edema
- R06.02 Shortness of Breath
- R06.82 Tachypnea
- R07.1 Painful Respiration
- R01.1 Murmur
- R00.0 Tachycardia
- I10 Malignant HTN
- I67.2 Plaque
- I11.9 Malignant HTN w/o CHF
- R94.5 Abnormal Liver Function
- R94.4 Abnormal Renal Function
- R10.9 Abdominal Pain Unspecified
- R18.8 Other Ascities
- N18.4 CKD IV
- N18.5 CKD V
- N18.6 ESRD
- K76.6 Portal HTN
- R07.9 Chest Pain
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

Technologist Initials \_\_\_\_\_