DIRECT Imaging Services

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DIAGNOSTIC ORDER FORM

Patient Name: _____ Patient DOB: _____

Date Requested: _____ Pre-Cert #: _____

Patient Contact - Home: _____ Cell: _____

Ordering Physician (Print): _____

Physician Office & Contact Telephone: _____

Exam Requested / CPT: _____ Reason for Exam / ICD-10: _____

Please fax patient ID, insurance info & order to the fax number above.

ULTRASOUND

CARDIAC	[ ]	93306	Echocardiogram	[ ]	93351	Stress Echo w/ Cont. ECG
	[ ]	93350	Stress Echo, Complete			
VASCULAR	[ ]	93925, 93922	Arterial, Bilateral Lower	[ ]	93971	Venous Reflux, Unilateral (R/L)
	[ ]	93926, 93922	Arterial, Unilateral Lower (R/L)	[ ]	93880	Carotid Duplex
	[ ]	93930, 93922	Arterial, Bilateral Upper	[ ]	93978	Aorta Duplex
	[ ]	93931, 93922	Arterial, Unilateral Upper (R/L)	[ ]	93975	Renal Artery
	[ ]	93922	ABI (Ankle-Brachial Index)	[ ]	93990	Duplex Scan, Hemodialysis Access
	[ ]	93970	Venous Reflux, Bilateral			
ABDOMEN VASCULAR	[ ]	93975, 76770	Renal Artery & Renal U/S			
ABDOMEN & KIDNEYS	[ ]	76700	Complete Abdomen (Prep NPO 6-8 hrs)*	[ ]	76706	AAA Screening
	[ ]	76770	Renal U/S (Prep full bladder)*	[ ]	76857	Bladder (Pre/Post Void) (Prep full bladder)*
THYROID, SOFT TISSUE & TESTICULAR/ SCROTUM	[ ]	76705	Soft Tissue of Abdomen (Superficial)	[ ]	76881/76882	Extremity, Non-Vascular Soft Tissue
	[ ]	76705	Soft Tissue, Groin	[ ]	76870	Scrotum & Testicle (complete)
	[ ]	76604	Soft Tissue of Chest (Superficial)	[ ]	76870, 93976	Scrotum with Doppler
	[ ]	76536	Thyroid / Soft Tissue Neck			
PELVIC	[ ]	76856	Transabdominal Pelvic	[ ]	76856, 76830	Pelvic Complete w/ Transvaginal
	[ ]	76830	Transvaginal			

**Prep as noted — arrive at appointment with a full bladder but do not eat, or NPO 6-8 hrs as indicated.*

NUCLEAR IMAGING & ROUTINE STRESS TEST

CARDIAC	[ ]	78452, 93015	Heart Imaging 3D, Motion, Function	[ ]	A9500, J2785	Pharm. Stress Add-On (Lexiscan, if unable to walk)
	[ ]	78472	Cardiac Blood Pool (MUGA)	[ ]	78496, 78472	Right Ventricular EF (billed with MUGA)
	[ ]	78803	Amyloidosis	[ ]	93015	Cardiac Stress Test (no imaging, stress only)
	[ ]	93010	Resting 12-Lead EKG			

Prep: no caffeine and no beta/channel blockers 24 hrs prior to exam. Nothing to eat or drink (except water) before exam.

I certify that the above examination(s) is/are medically necessary for this patient.

Physician Signature: _____ Date: _____