

X-RAY / ULTRASOUND REQUISITION

Ph:(916) 905-5363 | Fax:(916) 877-7693 | Email: hello@sacultrasound.com

Patient's Last Name: _____ First Name: _____ Phone #: _____ Health Card # _____ Date of birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Clinical Information _____ Please have Insurance Card ID ready for registration. ROUTINE <input type="checkbox"/> URGENT <input type="checkbox"/> STAT <input type="checkbox"/>
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ULTRASOUND

- 76536 Thyroid/Neck
- 76642 Breast Ultrasound Limited
- 76700 Abdominal
- 76770 Retroperitoneal
- 76880 U/S Ext Non Vascular
- 76805 OB U/S
- 76856 Pelvic Ultrasound
- 76870/93975 Scrotum/Testicle
- 93880 Carotid Doppler
- 93922 Ankle/Brachial Index
- 93923 Segmental Pressures Low Ext
- 93925 Arterial Doppler Bilat Low Ext
- 93926 Arterial Doppler Unilateral Low Ext
- 93930 Arterial Doppler Bilat Upp Ext
- 93931 Arterial Doppler Unilateral Upp Ext
- 93970 Venous Doppler Bilat
- 93971 Venous Doppler Unilateral

CARDIOLOGY

- 93005 Electrocardiogram EKG
- 93306 Echocardiogram (2D)

SLEEP TESTS

- 95806 Sleep Study W/o Sleep Time
- G0399 Home Sleep Test With Type 3 Portable Monitor
- 95800 Sleep Study

- OBS (Below 16 Weeks)
- OBS (Above 16 Weeks)
- OBS (High-risk/problem)

X-RAY

Gastro-Urological

- 74000 Abdomen/KUB (1 view)
- 74020 Abdomen (2 view)
- Q9963 Gastrografin

Head & Neck

- 70260 Skull (4 view)
- 70220 Sinuses (3 view)
- 70110 Mandible (4 view)
- 70150 Facial Bones (3 view)
- 70160 Nasal Bones (3 view)
- 70200 Orbits (4 view)
- 70140 Maxilla (2 view)
- 70360 Soft Tissue Neck (2)

Chest

- 71010 Chest (1 view)
- 71020 Chest (2 view)
- 71101 Ribs Unilat w/CXR
- 71111 Ribs Bilat w/CXR
- 71120 Sternum (2 view)

Spine & Pelvis

- 72050 Cervical (4 view)
- 72070 Thoracic (2 view)
- 72100 Lumbar (3 view)
- 72220 Sacrum/Coccyx (2)
- 72170 Pelvis (1 view)

Upper Extremity

RIGHT ___ LEFT ___

- 73010 Scapula (2 view)
- 73030 Shoulder (2 view)
- 73000 Clavicle (2 view)
- 73090 Forearm (2 view)
- 73080 Elbow (3 view)
- 73110 Wrist (3 view)
- 73130 Hand (3 view)
- 73060 Humerus (2 view)

Lower Extremity

RIGHT ___ LEFT ___

- 73510 Hip (2 view)
- 73520 Hip Bilat (4 view)
- 73550 Femur (2 view)
- 73564 Knee (4 view)
- 73590 Tibia/Fibula (2 views)
- 73610 Ankle (3 view)
- 73630 Foot (3 view)
- 73650 Heel/Calcaneus (2 view)

ICD 10 DIAGNOSIS CODES

- DX: _____
- DX: _____
- DX: _____
- DX: _____
- DX: _____
- DX: _____
- DX: _____
- DX: _____

PULMONARY FUNCTION TEST

- 94070 Bronchospasm Provocation Test
- 94010 Spirometry
- 94060 Spirometry Pre and Post Bronchodilator
- 94727 Gas Dilution For Lung Volume
- 94729 CO2/Membrane Diffuse Capacity
- 94375 Flow Volume Loops
- 94200 Maximum Breathing Capacity
- 94618 Pulmonary Stress Testing
- 94726 Total Lung Capacity - Lung Volume/Plethysmography
- 94640 Inhalation Treatment
- 94760 Pulse Oxymetry

Referring Physician Information

Physician Name: _____ Signature: _____ NPI: _____ Phone#: _____

Send Reports to: FAX# _____ EMAIL: _____

We greatly appreciate your patient referral. Thank you!

ULTRASOUND PREPARATION

- PREGNANCY OR PELVIS** (Transvaginal and transabdominal)
-Includes Uterus, Ovaries, Bladder, Prostate and Pregnancy

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION

You must finish drinking 32 ounces (1 liter) of clear fluids (water is preferred) 1 hour before your appointment time (for example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00). Do not go to the washroom! Eat as usual.

Please note: if 5 months pregnant, or more, 16 ounces (1/2 liter) of fluids should be adequate.

- UPPER ABDOMEN**

-Includes Gall Bladder, Liver, Pancreas, Aorta, Kidneys

DO NOT EAT OR DRINK FOR 8-12 HOURS BEFORE THIS EXAMINATION

Do not eat fried or fatty food on the day before your appointment

- Please note: A small amount of water is allowed if thirsty or with medication.

- UPPER ABDOMEN & PELVIS**

When both exams have been requested by your doctor

DO NOT EAT FOR 8-12 HOURS BEFORE THIS EXAMINATION

Do not eat fried or fatty food on the day before your appointment.

A FULL BLADDER IS REQUIRED FOR THIS EXAMINATION. You must finish drinking 32 ounces (1 liter) of water by 1 hour before your appointment time (for example, if your appointment is for 10:00, start drinking at 8:30 and finish drinking by 9:00). Do not go to the washroom.

NO PREPARATION NECESSARY

- NECK, THYROID, SCROTUM, BREAST, MUSCULOSKELETAL, SUPERFICIAL MASSES.

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PLEASE BRING THIS REQUISITION AND YOUR VALID HEALTH CARD - All cancellations must be made 24 Hours in Advance