

	For Scheduling Questions: (208) 902-2620 Fax: 1(208) 408-0280 Scanning Location: 1510 S Robert St Ste. 101 Boise, ID 83705	Can schedule online at: <a href="http://boiseultrasoundco.com/request-an-appointment">boiseultrasoundco.com/request-an-appointment</a>  Appointment Date: _____ Time: _____AM/PM
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Patient Name:	Patient Phone Number:
DOB:	Patient Email Address:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No EDD:	STAT <input type="checkbox"/> Routine <input type="checkbox"/>

<b>Narrative Diagnosis/Symptoms or ICD10 Diagnosis Code:</b>	<b>Indicate Patient Insurance Plan for Billing:</b>	
	Medicare: <input type="checkbox"/>	Medicaid: <input type="checkbox"/>
	Blue Cross or other Blue Card Plan: <input type="checkbox"/>	
	Does not wish to bill insurance: <input type="checkbox"/>	

Referring Provider Name:	NPI:
Provider Signature:	Provider Phone Number:
Date:	Provider Fax Number:

Ultrasound Order Form			
Abdomen/Chest		OB/GYN Ultrasound	
76700	Abdomen: Complete (anatomy superior to umbilicus)	76801	OB 1st trimester, <14weeks single or first fetus, transabdominal
76705	Abdomen Limited: RUQ or LUQ or hernia appendix or soft tissue <i>*Please specify*</i>	76802	OB 1st trimester, <14 weeks, twins, each additional fetus, transabdominal
		76817	OB 1st trimester, Transvaginal
76775	Aorta	76805	OB 2/3rd trimester, >14 weeks, OB Complete Fetal and Maternal Evaluation
76770	Renal/Retroperitoneal Complete (includes kidney, bladder, Aorta)	76810	OB 2/3rd trimester, >14weeks, OB Complete each additional fetus
76857	Pre and post void (PVR) bladder only	76815	OB Limited (Fetal Heart Tones, AFI, fetal position)
76870	Scrotum/testicular	76816	OB Follow Up (Growth and AFI, fetal anomaly ect)
93976	Scrotal/testicular duplex, r/o torsion	76817	OB Transvaginal in conjunction with addition study (cervical length, Placenta location in relation to internal os)
76604	Soft Tissue of Chest or Back		
76642	Unilateral Breast Limited, acute symptoms		
Neck		76819	OB BPP with out NST (biophysical profile ultrasound)
76536	Thyroid/soft tissue neck		
93880	Carotid, duplex, bilateral	Pelvis	
Extremity		76856	Pelvic complete transabdominal: Male or Female
76882	Extremity, limb unilateral, limited non-vascular/soft tissue	76857	Pelvic limited transabdominal: Male of Female
93970	Venous legs/bilateral r/o DVT	76830	Pelvic transvaginal and/or IUD check
93971	Venous leg/unilateral r/o DVT	76830	Transvaginal pelvic in conjunction with additional study