VALLEY IMAGING

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702-337-3318
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Office & Mobile Ultrasound

Book Now

ULTRASOUND ORDER FORM

8241 S Fort Apache Rd, Suite 106, Las Vegas, NV 89178
info@valley-imaging.com | valleyimaging.setmore.com

Patient name: _____ DOB: _____

Patient phone: _____ Order date: _____

Ordering provider: _____ NPI: _____

Provider phone: _____ Provider fax: _____

Clinical indication / diagnosis (required): _____

Signs, symptoms, or established diagnosis; avoid "rule out."

_____ ICD-10: _____

Provider signature (required): _____ Date: _____

Select exam(s) and specify side / body region as applicable.

ABDOMEN / PELVIS

- ☐ **76700** Abdomen - complete
- ☐ **76705** Abdomen - limited
- ☐ **76770** Retroperitoneal - complete
- ☐ **76775** Retroperitoneal - limited
- ☐ **76856** Pelvis, non-OB - complete
- ☐ **76857** Pelvis, non-OB - limited
- ☐ **76830** Transvaginal, non-OB
- ☐ **76872** Transrectal / prostate
- ☐ **76870** Scrotum and contents

Additional Doppler, if ordered:

☐ 93975 Complete ☐ 93976 Limited

OBSTETRIC

- ☐ **76801** OB, first trimester (<14 weeks)
- ☐ **76817** OB, transvaginal

CHEST / HEAD & NECK

- ☐ **76604** Chest
- ☐ **76536** Thyroid
- ☐ **76536** Head / neck soft tissue

ECHOCARDIOGRAM

- ☐ **93306** Complete echocardiogram

VASCULAR

- ☐ **93880** Carotid duplex - bilateral
- ☐ **93975** Abdominal duplex - complete
- ☐ **93976** Abdominal duplex - limited

Vessel (e.g., renal artery): _____

- ☐ **93970** Venous duplex - bilateral
- ☐ **93971** Venous - unilateral / limited

Lower / Upper Side: R / L / Both

- ☐ Venous insufficiency / reflux study
- ☐ **93978** Aorta / IVC / iliac - complete
- ☐ **93979** Aorta / IVC / iliac - limited
- ☐ **76706** AAA screening
- ☐ **93925** Lower arterial - bilateral
- ☐ **93926** Lower arterial - unilat. / limited
- ☐ **93930** Upper arterial - bilateral
- ☐ **93931** Upper arterial - unilat. / limited

Side: R / L / Both ☐ With ABI

MUSCULOSKELETAL

- ☐ **76881** Extremity nonvascular - complete
- ☐ **76882** Extremity nonvascular - limited

Region / side: _____

Please bring this signed order to your appointment.