AÇAÎ ULTRASOUND
IMAGING SERVICES

ULTRASOUND REQUISITION

Date Ordered: _____ Patient Chart #: _____ Patient Phone: _____

Patient Name: _____ Patient DOB dd/mm/yyyy: _____

Referring Physician: _____ Physician Phone#: _____

GENERAL		**ABDOMEN**		**BREAST**	
☐ **76870**	Scrotal	☐ 76700	Abdomen Complete	☐ 76642	Breast Unilateral Limited
☐ 93981	Penile	☐ 76705	Abdomen Limited (RUQ/RLQ)	☐ 76641	Breast Unilateral Complete
☐ 76856	Pelvic Trans Abdominal	☐ 93975	Abdominal Doppler	☐ 76882	Axilla only
☐ 76830	Transvaginal	☐ 76775	Abdominal Aorta	☐ 19000	Breast Aspiration
☐ 76857	Bladder	☐ 76770	Renal		
☐ 76873	Prostate Trans rectal	☐ 76700	Renal Doppler		
☐ 76942	US Guided Procedures	☐			
EXTREMITY				**HEAD/NECK**	
☐ 76881	Non-Vascular/Soft Tissue Extremity Complete			☐ 76536	Thyroid
☐ 76882	Non-Vascular/Soft Tissue Extremity Limited			☐ 88172	Thyroid FNA
☐ 93925	Lower Extremity Arterial Bilateral			☐ 76536	Salivary Glands
☐ 93923	Ankle Brachial Index (ABI)			☐ 76536	Head and Neck
☐ 93926	Lower Extremity Arterial Unilateral RT/LT				
☐ 93930	Upper Extremity Arterial Bilateral				
☐ 93931	Upper Extremity Arterial Unilateral RT/LT				
☐ 93970	Upper/Lower Extremity Venous Bilateral				
☐ 93971	Upper/Lower Extremity Venous Bilateral RT/LT				
OBSTETRICS				**CHEST**	
☐ 76801	1st Trimester < 12 Weeks			☐ 76604	Chest/Pleural Effusion Evaluation
☐ 76805	2nd Trimester > 12 Weeks			☐ Other 93306	Echocardiogram
☐ 76815	OB Limited (Please specify area of concern)				
☐ 76817	OB Transvaginal				
☐ 76818	Biophysical Profile				
☐ 76820	OB Doppler Velocimetry				
☐ 76810	OB Multiple Gestations				

Comments:

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