Please Call, Fax or Email Orders
Phone: 713 434-6954 - Fax 713 814-9074
email: contact@ultrasound-associates.com
3535 Briarpark Drive Suite 101, Houston, Texas 77042

Ultrasound Associates USA Order Form

LAST NAME	TODAYS DATE	*** ICD-10 INFO REQUIRED ***	
FIRST NAME	DATE OF BIRTH	NARRATIVE SYMPTOM OR DIAGNOSIS	ICD-10 Code
PHONE	ALT. PHONE	1	
INSURANCE COMPANY		2	
POLICY #	GROUP #	3	
PHYSICIAN NAME		SPECIAL INSTRUCTIONS	
OFFICE TELEPHONE NUMBER	OFFICE FAX NUMBER	☐ ROUTINE ☐ URGENT	
PHYSICIAN SIGNATURE * (REQUIRED)**		**PRE-AUTH REQUIRED: Y ☐ N ☐**	**PRE-AUTH #**

	EXAM	CPT		EXAM	CPT		EXAM	CPT
ULTRASOUND			☐	US DUPLEX UPPER EXTREMITY ARTERIES RIGHT	93931	☐	Measurement of Post-Voiding Residual Urine	51798
☐	US ABDOMEN COMPLETE	76700	☐	Echocardiography 2-D, M-mode, follow up or limited	93308	☐	US PELVIS COMPLETE TRANSABDOMINAL/VAGINAL (NONOB)	76856 76830
☐	US ABDOMEN LIMITED	76705	☐	US OB TRANSVAGINAL	76817			
☐	US ABDOMINAL AORTA FOR ANEURSYM SCREEN	76706	☐	US DUPLEX UPPER EXTREMITY VEINS BILATERAL	93970	☐	US PELVIS COMPLETE TRANSABDOMINAL (NONOB)	76856
☐	US ANKLE BRACHIAL INDEX (1-2 LEVELS)	93922	☐	US DUPLEX UPPER EXTREMITY VEINS LEFT	93971	☐	US PELVIS LIMITED TRANSABDOMINAL (NONOB)	76857
☐	US SOFT TISSUES OF HEAD & NECK	76536	☐	US DUPLEX UPPER EXTREMITY VEINS RIGHT	93971	☐	US RETROPERITONEAL COMPL (KIDNEYS/BLADDER)	76770
☐	US THYROID	76536	☐	US ECHOCARDIOGRAM TRANSTHORACIC COMPL	93306	☐	US SCROTUM & CONTENTS	76870
☐	US CHEST	76604	☐	US EXTREMITY SOFT TISSUES (NONVASCULAR)	76882	☐	US TRANSPLANT KIDNEY W DOPPLER	76776
☐	US DUPLEX AORTA, IVC, & ILIAC VASCULATURE	93978	☐	US FETAL BPP W NON-STRESS TESTING	76818	☐	US URINARY BLADDER	76857
☐	US DUPLEX CAROTID ARTERIES COMPLETE	93880	☐	US FETAL BPP W/O NON-STRESS TESTING	76819	☐	US Elastography	76981
☐	US DUPLEX KIDNEYS (ARTERIAL & VENOUS)	93975 76770	☐	US GALLBLADDER	76705	☐	Soft Tissue Extremity	76881
			☐	US LIVER	76705	☐	Breast tomosynthesis bi	77063
☐	US DUPLEX LOWER EXTREMITY ARTERIES BILAT	93925	☐	US OB COMPLETE <14 WKS TRANSABDOMINAL/VAGINAL	76801 76817	☐	Scr mammo bi incl cad	77067
☐	US DUPLEX LOWER EXTREMITY ARTERIES LEFT	93926				☐		
☐	US DUPLEX LOWER EXTREMITY ARTERIES RIGHT	93926	☐	US OB COMPL <14 WKS TRANSABDOMINAL	76801	OTHER EXAMS REQUESTED		
☐	US DUPLEX LOWER EXTREMITY VEINS BILATERAL	93970	☐	US OB COMPLETE >14 WKS TRANSABDOMINAL	76805	☐	**Please attach Insurance ID and Patients Demographics with Scheduling form.**	
☐	US DUPLEX LOWER EXTREMITY VEINS LEFT	93971	☐	US OB FOLLOW-UP TRANSABDOMINAL	76816			
☐	US DUPLEX LOWER EXTREMITY VEINS RIGHT	93971	☐	US OB LIMITED TRANSABDOMINAL	76815	☐		
☐	US DUPLEX UPPER EXTREMITY ARTERIES BILAT	93930	☐	Carotid Duplex Limited Unilateral	93882	☐		
☐	US DUPLEX UPPER EXTREMITY ARTERIES LEFT	93931	☐	Echocardiography Limited with m-mode (without color flow or doppler)	93307	☐		