Cache Valley Imaging
565 W. 465 N. #130, Providence, UT 84332
435-753-2842 (Phone) 435-787-2330 (Fax)

Cache Valley Imaging Ultrasound Order Form

Patient's Name Last: First:	Date of Birth	Weight	☐ Male ☐ Female
Patient's Address Street: City: State: Zip:			
Insurance Information	Patient's phone number		

Office Phone	Today's Date	Ordering Physician
Form Filled by	Exam Date	Physician Signature

REASON FOR THE TEST MUST BE GIVEN: If the reason is to rule out, or evaluate for a specific condition, please indicate that along with the presenting signs/symptoms.

Presenting symptoms/reason for exam: (Please include laterality, specific site)____

Underlying medical conditions, chronic conditions, or other medical information RELEVANT TO THIS IMAGING STUDY:

____

ICD-10 CODE(S) ____ (Please correlate with signs and symptoms listed above)

Pre-Authorization # ____

Please complete, print, sign and fax to central scheduling: Fax: 435-787-2330 I Phone: 435-753-2842

Exam to be performed at: Providence, UT 565 W. 465 N. #130		
☐ Routine	☐ Send CD with Patient	☐ Special Instructions
☐ CC Report to	☐ Call Report to	☐ Hold Patient

PELVIC	CPT#			ABDOMEN	CPT#
☐ **Pelvic with Endovaginal**	76856/76830			☐ Abdomen Limited (Specify)	76705
☐ Pelvic without Endovaginal	76856			☐ Abdomen Complete Multi-organ	76700
☐ Endovaginal Only	76830			☐ Abdomen Complete w/Doppler	76700/93975
☐ Bladder	76856			☐ Abdominal Aorta for Aneurysm Screen	76706
☐ Other				☐ Renal/Bladder	76770

PREGNANCY		SMALL PARTS			VASCULAR	
☐ OB less than14 Wks TV	76817/76801	(R) (L)	Upper Extremity Limited Non-Vasc	76882	☐ Echocardiography 2D Complete	93306
☐ OB greater than 14 Wks	76805	(R) (L)	Lower Extremity Limited Non-Vasc	76882	☐ Carotid Duplex Bilateral	93880
☐ OB less than 14 Wks	76801	☐	Thyroid	76536	☐ Renal Arterial/Venous Complete	93975
☐ Biophysical Profile	76819	☐	Soft Tissue Neck	76536	☐ Venous Lower Extremity (R) (L)	93971
☐ OB Limited (EFW,AFI)	76815	☐	Scrotum	76870	☐ Venous Upper Extremity (R) (L)	93971
LMP Date:		☐	Scrotum w/Doppler	76870/93975	☐ Venous Lower Extremity Bilateral	93970
Notes/Instructions:		☐	Soft Tissue Back	76604	☐ Venous Upper Extremity Bilateral	93970
		☐	Soft Tissue Other	specify	☐ Other Vascular	