MOBILE ULTRASOUND SERVICES

7230 Gilpin Way, Ste 200
Denver, CO 80229
Dispatch (303) 296-1900
Fax (303) 296-1901

Date Ordered: ____/____/____
Date Scheduled: ____/____/____
Date Completed: ____/____/____

DATE ____________ STATION ____________
Your Name ____________
Your PHONE # ____________ FAX # ____________
FACILITY NAME/AGENCY ____________

BILLING INFORMATION Bill Insurance ☐ Bill Facility ☐
Medicare # ____________ Medicaid # ____________
Other Insurance Name ____________
Address ____________ City ________ State ______ Zip ______
ID # ____________ Group # ____________
Responsible Party Name ____________
Address ____________ City ________ State ______ Zip ______

Type of Ultrasound Exam being Ordered: ____________
Name: ____________ (Last) (First) Bed / Room ________
Male / Female
SSN: ____________ DOB: ____________

For Residences & Care Homes
Patient Phone # ____________
Address: ____________
City ____________ State ______ Zip ______
Ordering Clinician: ____________ Phone: ____________
***Clinician's Signature:** ____________

Symptoms ABDOMINAL
- ☐ Abdominal Mass
- ☐ Abdominal Pain
- ☐ Abnormal Labs
- ☐ Aneurysm - Aortic
- ☐ Ascites
- ☐ Cholecystitis
- ☐ Cholelithiasis
- ☐ Cirrhosis
- ☐ Distention
- ☐ Hepatomegaly
- ☐ Liver Cyst
- ☐ Pancreatitis
- ☐ Pleural Effusion
- ☐ RUQ Pain
- ☐ Splenomegaly
- ☐ Vaginal Bleeding
- Weight Loss

Symptoms VASCULAR
- ☐ Aneurysm - Aortic
- ☐ Aneurysm - Iliac
- ☐ Aneurysm - Lower Ext
- ☐ Aneurysm - Upper Ext
- ☐ Atherosclerosis - Claudication
- ☐ Atherosclerosis - Resting Pain
- ☐ Cold Extremity
- ☐ DVT
- ☐ Edema
- ☐ Hepatic Thrombosis
- ☐ Limb Pain
- ☐ Non Healing Wound / Ulcer
- ☐ Pulmonary Embolism
- ☐ Respiratory Distress
- ☐ Swelling Limb
- ☐ Thrombosis Upper Ext
- ☐ Weak Pulse

Symptoms RENAL
- ☐ Bladder Inflammation
- ☐ Bladder Stones
- ☐ Flank Pain
- ☐ Renal Calculus
- ☐ Renal Cyst
- ☐ Renal Failure
- ☐ Renal Infection
- ☐ UTI

Small Parts
- ☐ Goiter
- ☐ Hydrocele
- ☐ Lump - Swelling
- ☐ Neck Mass
- ☐ Pain
- ☐ Spermatocele
- ☐ Testicular Atrophy
- ☐ Thyroid - Abnormal Scan

Symptoms ARTERIAL
- ☐ Abnormal gait
- ☐ Amnesia
- ☐ Aphasia
- ☐ Broit
- ☐ Carotid Stenosis
- ☐ CHF
- ☐ Chest Pain
- ☐ Dizziness
- ☐ Lack of Cord
- ☐ Numbness
- ☐ Paralysis -Transient
- ☐ Subclavian Steal
- ☐ Syncope
- ☐ TIA
- ☐ Visual Disturbance
- ☐ Other

Echocardiogram For PMD Tech Use Only ☐

For PMD Tech Use Only

ID #	Exams
76700	Abdomen Complete
76705	Abdomen LTD
93922	Ankle Brachial Index - ABI
93978	Aorta Complete
93975	Aortal (Abdominal) Full
93976	Aortal (Abdominal) LTD
93925	Arterial Lower Extr Bilat
93926	Arterial Lower Extr Uni (Lt / Rt).
93930	Arterial Upper Ext Bil
93931	Arterial Upper Ext Uni (Lt. / Rt.)
93922	Ankle Brachial Index - ABI
93880	Carotid Bilateral
93882	Carotid Uni (Lt. / Rt.)
76536	Head/Neck Thyroid)
76857	Pelvic Limited Or F/U
76856	Pelvic Trans AB
76770	Retroperitoneal
76870	Scrotum and Contents - Soft Tissue Soft Tissue
76604	Ultrasound Chest
93970	Venous Upper Extr Bilat.
93970	Venous Lower Extr Bilat
93971	Venous Upper Extr Uni (Lt. / Rt.).
93971	Venous Lower Extr Uni (Lt./ Rt)
______	Other : ____________

Sent to Radiologist Y / N

For PMD Technologist Use Only

Exam Not Completed
- ☐ Facility Cancelled
- ☐ Patient Not Available
- ☐ Patient Refused
- ☐ Patient Uncooperative
- ☐ System Failure

Notes: ____________

Postitive Exam Signature:

Tech Name ____________ Study Date / Time ____________
Exam ____________ # of Views ________ # of Retakes ________
Transport ________ Single (R0070) ________ Multi (R0075) ________ # of Patients