



**MOBILE
ULTRASOUND
SERVICES**

**615 E. Palo Verde
Phoenix, AZ 85012
Dispatch (602) 249-4790
Fax (602) 241-1711**

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: _____ Bed / Room _____
(Last) (First) Male / Female

SSN: _____ DOB: _____

For Residences & Care Homes

Patient Phone # _____

Address: _____

City _____ State _____ Zip _____

Ordering Clinician: _____ Phone: _____

***Clinician's Signature:** _____

| Symptoms ABDOMINAL | Symptoms VASCULAR | Symptoms RENAL | Symptoms ARTERIAL | Echocardiogram For PMD Tech Use Only <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|------|-------|-------|------------------|-------|-------------|-------|----------------------------|-------|----------------|-------|-------------------------|-------|------------------------|-------|---------------------------|-------|-------------------------------------|-------|------------------------|-------|------------------------------------|-------|----------------------------|-------|-------------------|-------|-------------------------|-------|--------------------|-------|-----------------------|-------|-----------------|-------|-----------------|-------|------------------------------------|--|-------------|-------|------------------|-------|--------------------------|-------|-------------------------|-------|------------------------------------|-------|---------------------------------|--|---------------|
| <input type="checkbox"/> Abdominal Mass <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnormal Labs <input type="checkbox"/> Aneurysm - Aortic <input type="checkbox"/> Ascites <input type="checkbox"/> Cholecystitis <input type="checkbox"/> Cholelithiasis <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Distention <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Liver Cyst <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Pleural Effusion <input type="checkbox"/> RUQ Pain <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Vaginal Bleeding <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Aneurysm - Aortic <input type="checkbox"/> Aneurysm - Iliac <input type="checkbox"/> Aneurysm - Lower Ext <input type="checkbox"/> Aneurysm - Upper Ext <input type="checkbox"/> Atherosclerosis - Claudication <input type="checkbox"/> Atherosclerosis - Resting Pain <input type="checkbox"/> Cold Extremity <input type="checkbox"/> DVT <input type="checkbox"/> Edema <input type="checkbox"/> Hepatic Thrombosis <input type="checkbox"/> Limb Pain <input type="checkbox"/> Non Healing Wound / Ulcer <input type="checkbox"/> Pulmonary Embolism <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Swelling Limb <input type="checkbox"/> Thrombosis Upper Ext <input type="checkbox"/> Weak Pulse | <input type="checkbox"/> Bladder Inflammation <input type="checkbox"/> Bladder Stones <input type="checkbox"/> Flank Pain <input type="checkbox"/> Renal Calculus <input type="checkbox"/> Renal Cyst <input type="checkbox"/> Renal Failure <input type="checkbox"/> Renal Infection <input type="checkbox"/> UTI Small Parts <input type="checkbox"/> Goiter <input type="checkbox"/> Hydrocele <input type="checkbox"/> Lump - Swelling <input type="checkbox"/> Neck Mass <input type="checkbox"/> Pain <input type="checkbox"/> Spermatocele <input type="checkbox"/> Testicular Atrophy <input type="checkbox"/> Thyroid - Abnormal Scan | <input type="checkbox"/> Abnormal gait <input type="checkbox"/> Amnesia <input type="checkbox"/> Aphasia <input type="checkbox"/> Broit <input type="checkbox"/> Carotid Stenosis <input type="checkbox"/> CHF <input type="checkbox"/> Chest Pain <input type="checkbox"/> Dizziness <input type="checkbox"/> Lack of Cord <input type="checkbox"/> Numbness <input type="checkbox"/> Paralysis -Transient <input type="checkbox"/> Subclavian Steal <input type="checkbox"/> Syncope <input type="checkbox"/> TIA <input type="checkbox"/> Visual Disturbance <input type="checkbox"/> Other | <table border="1"> <thead> <tr> <th>ID #</th> <th>Exams</th> </tr> </thead> <tbody> <tr><td>76700</td><td>Abdomen complete</td></tr> <tr><td>76705</td><td>Abdomen LTD</td></tr> <tr><td>93922</td><td>Ankle Brachial Index - ABI</td></tr> <tr><td>93978</td><td>Aorta Complete</td></tr> <tr><td>93975</td><td>Aortal (Abdominal) Full</td></tr> <tr><td>93976</td><td>Aortal (Abdominal) LTD</td></tr> <tr><td>93925</td><td>Arterial Lower Extr Bilat</td></tr> <tr><td>93926</td><td>Arterial Lower Extr Uni (Lt / Rt).</td></tr> <tr><td>93930</td><td>Arterial Upper Ext Bil</td></tr> <tr><td>93931</td><td>Arterial Upper Ext Uni (Lt. / Rt.)</td></tr> <tr><td>93922</td><td>Ankle Brachial Index - ABI</td></tr> <tr><td>93880</td><td>Carotid Bilateral</td></tr> <tr><td>93882</td><td>Carotid Uni (Lt. / Rt.)</td></tr> <tr><td>76536</td><td>Head/Neck Thyroid)</td></tr> <tr><td>76857</td><td>Pelvic Limited Or F/U</td></tr> <tr><td>76856</td><td>Pelvic Trans AB</td></tr> <tr><td>76770</td><td>Retroperitoneal</td></tr> <tr><td>76870</td><td>Scrotum and Contents - Soft Tissue</td></tr> <tr><td></td><td>Soft Tissue</td></tr> <tr><td>76604</td><td>Ultrasound Chest</td></tr> <tr><td>93970</td><td>Venous Upper Extr Bilat.</td></tr> <tr><td>93970</td><td>Venous Lower Extr Bilat</td></tr> <tr><td>93971</td><td>Venous Upper Extr Uni (Lt. / Rt.).</td></tr> <tr><td>93971</td><td>Venous Lower Extr Uni (Lt./ Rt)</td></tr> <tr><td></td><td>Other : _____</td></tr> </tbody> </table> | 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 : _____ |
| 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 : _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 _____