

# Diagnostic Ultrasound Order

Reveal Ultrasound  
1420 N. Greenfield Rd, Suite 105  
Gilbert, AZ 85234  
480-466-0502  
RevealAZ.com



**By appointment only**

Name	<input type="text"/>	Address	<input type="text"/>
Phone	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>	Date of Birth	<input type="text"/>

## Diagnostic Ultrasound Exams

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Abdomen Complete 76700       | <input type="checkbox"/> Pelvic Transvaginal, TV Non OB 76830                         | <input type="checkbox"/> Renal Complete (kidneys, aorta, IVC, bladder) 76770              |
| <input type="checkbox"/> Abdomen Ltd. (RUQ Abd) 76705 | <input type="checkbox"/> Pelvic Complete, transabdominal, TA 76856                    | <input type="checkbox"/> Renal Ltd (retroperitoneal - kidneys only) 76775                 |
| <input type="checkbox"/> Aorta 93976                  | <input type="checkbox"/> Pelvic TA & TV 76856 + 76830, Pelvic doppler if needed 93976 | <input type="checkbox"/> Pelvic Limited male/female (bladder, lump, mass, swelling) 76857 |
|   |   | <input type="checkbox"/> Thyroid 76536  |

**OB** Due date:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> OB < 14 weeks 78601                              | <input type="checkbox"/> OB Anatomy Level 1 76805                        | <input type="checkbox"/> Transvaginal-IVF-follicle study 76830                                      |
| <input type="checkbox"/> OB & OB Transvaginal 1st trimester 76801 + 76817 | <input type="checkbox"/> OB Biophysical Profile (BPP) 76819              | <input type="checkbox"/> OB transvaginal (cervical length) 76817                                    |
| <input type="checkbox"/> OB Growth/ follow up > 14 weeks 76816            | <input type="checkbox"/> OB BPP & Umbilical artery doppler 76819 + 76820 | <input type="checkbox"/> OB BPP, umbilical artery doppler, & growth/follow up 76819 + 76920 + 76816 |
| <input type="checkbox"/> OB limited (AFI, position) 76815                 | <input type="checkbox"/> Twins 76810                                     |   |

## Vascular

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Carotid Artery Doppler 93880                     |  |   |  |
| <input type="checkbox"/> Venous Doppler Bilateral lower extremities 93970 | <input type="checkbox"/> Venous Doppler Unilateral lower extremity 93971 | <input type="checkbox"/> Arterial Doppler Bilateral lower extremities 93925 | <input type="checkbox"/> Arterial Doppler Unilateral lower extremity 93926 |
|   | <input type="radio"/> Right  |   | <input type="radio"/> Right  |
|   | <input type="radio"/> Left   |   | <input type="radio"/> Left   |

**Date**

**Diagnosis/Indication**

**Ordering Physician/Provider:**

**Physician/Provider Signature:**

Fax results to:

Email results to:

Call STAT report to:

**We do not accept insurance of any kind. We do accept HSA/HRA/FSA. We can provide a receipt for out-of-network insurance reimbursement .**

**Forms of payment we accept: Cash, all major debit and credit cards, Apple Pay. \*Self pay price is not insurance price. Prices are subject to change at any time. Please refer to our website RevealAZ.com for current pricing.**