



CANNON
MEMORIAL HOSPITAL
434 Hospital Drive
Linville, NC 28646

*** indicates service not provided @ Cannon

WATAUGA
MEDICAL CENTER
336 Deerfield Road
Boone, NC 28607

SCHEDULING PHONE:
(828)268-9037
SCHEDULING FAX:
(828)268-9046

REQUEST FOR CARDIOVASCULAR & DIAGNOSTIC ULTRASOUND SERVICES

PATIENTS MUST BRING THIS FORM WITH THEM. THIS FORM MUST BE COMPLETED, SIGNED BY THE PHYSICIAN AND PRESENTED TO THE HOSPITAL OUTPATIENT REGISTRATION DESK PRIOR TO ANY TEST BEING PERFORMED.

Patient Name: (F) _____ (M) _____ (L) _____

Phone #: (Home) _____ (Work) _____

If female, pregnant? Yes No (**CHECK ONE***) Date: ___/___/___

Pertinent Lab Results: PT/INR: _____ PTT: _____ Date: ___/___/___
COMPLETE PROVIDER NAME

Ordering MD: (F) _____ (L) _____

MD Address: _____

MD Phone: _____ MD Fax: _____

Physician Signature: _____	Date: _____
Time: _____	

Date of Exam: _____ Time of Exam: _____ PreCert#: _____

Prep Instructions Given: Yes No

CPT	REGION	ICD-10#
DIAGNOSTIC		
Abdomen		
76700	Abdomen Complete	
76706	AAA Screen	
76775	Diagnostic AAA Study	
76705	Biliary Tract	
76705	Gallbladder	
76705	Liver	
76705	Pancreas	
76705	RUQ	
76770	Renal, Bilateral Complete	
76775	Renal, Limited, anat. Specific	
76705	Spleen	
Breast		
76641	Breast, complete, unilateral R/L	
76641	Breast, complete, bilateral	
76642	Breast Limited R/L	
Pelvis/OB		
76815	Fetal Age	
76816	Fetal Viability	
76805	Pregnancy, complete	
76856	Pelvic only (non-OB)	
51798	Bladder, PV Residual Urine	
76817	Pregnancy Transvaginal	
76857	Bladder Focused Only	
76856	Pelvis w/ Transvaginal if needed	
76830		
Misc.		
76870	Scrotum	
76536	Thyroid	
32555	Guided thoracentesis (diag/thera)	
49083	Guided paracentesis (diag/thera)	
76536	Soft tissue head/neck	
76705	Soft tissue abdomen/pelvis	
76881	Extremity non-vascular	
76882	Extremity non-vascular limited	
76885	Infant hips	

*****Submit pertinent films from outside the facility prior to these procedures. Note: If lab work is required (i.e. cytology), please indicate preference below. Labs are not performed unless requested by ordering physician.**

CPT	REGION	ICD-10#
CARDIOVASCULAR		
Extremity Arterial		
93922*	Ankle/brachial index bilat. = 102 lvls*	
93923*	Ankle/brachial BIL w/ toe pressure + wave= 3 levels*	
93923*	Ankle /Brachial Index (3 levels) w/ exercise*	
93923*	LE segmental pressures, BIL.*	
93923*	LE segmental BIL. w/ exercise*	
93925*	LE, arterial duplex BIL*	
93926*	LE, arterial duplex, UNI/LTD, R/L*	
93926*	LE, arterial duplex, BIL/LTD*	
93930*	UE, arterial duplex BIL*	
93931*	UE, arterial duplex, UNI/LTD, R/L*	
Extremity Venous		
93970	Lower Ext Venous duplex bilat.	
93971	Lower Ext Venous dupliex uni/ltd R/L	
93970	Upper Ext Venous duplex bilat.	
93971	Upper Ext Venous duplex uni/ltd R/L	
93970*	Lower Ext Venous*	
93971*	Lower Ext Venous*	
93970*	Upper Ext Venous reflux study/bilateral*	
93971*	Upper Ext Venous reflux study/unil R/L*	
Cerebrovascular Arterial		
93880	Carotid duplex bilat	
93882	Carotid duplex, Uni/ltd R/L	
Labs		
85610	PT/PTT INR Panel	
85730		
OTHER (CPT, REGION & ICD-10# REQUIRED*)		
FOR INTERVENTIONAL PROCEDURES, H&P VALID WITHIN 30 DAYS OF PROCEDURE REQUIRED.		
Procedure: _____		
Region: _____		
<input type="checkbox"/> Core Biopsy <input type="checkbox"/> Drainage <input type="checkbox"/> Injection <input type="checkbox"/> Fine Needle Aspiration <input type="checkbox"/> Cyst Aspiration <input type="checkbox"/> Biopsy		
Please provide description of ICD-10's here: _____		
Additional Info for Radiologist: _____		