



ADVANTAGE DIAGNOSTIC
ULTRASOUND, LLC

405 E. Iron Ave
Salina, KS 67401
785.643.0462

Patient Name: _____ D.O.B: _____

Patient Phone No.: _____

Indications: _____

GENERAL	
<input type="checkbox"/> Abdomen Complete 76700	• NPO 8 hours
<input type="checkbox"/> Abdomen Limited 76705	• NPO 8 hours
<input type="checkbox"/> Renal Complete 76770	
<input type="checkbox"/> Bladder w/ PVR 76857	
VASCULAR	
<input type="checkbox"/> Carotid Duplex 93880	
<input type="checkbox"/> Aortoiliac Duplex 93978	
<input type="checkbox"/> LE Arterial Duplex, Bilateral 93925	
<input type="checkbox"/> LE Arterial Duplex, Unilateral 93926	
	RT LT
<input type="checkbox"/> UE Arterial Duplex, Bilateral 93930	
<input type="checkbox"/> UE Arterial Duplex, Unilateral 93931	
	RT LT
<input type="checkbox"/> Venous Bilateral 93970	
<input type="checkbox"/> Venous Unilateral 93971	
	RT LT
SMALL PARTS	
<input type="checkbox"/> Thyroid 76536	
<input type="checkbox"/> Breast 76641	
	RT LT
<input type="checkbox"/> Extremity, Nonvascular 76881	

PELVIC	
<input type="checkbox"/> Pelvic Complete 76856 & 76830	• Full bladder needed
OBSTETRICS	
<input type="checkbox"/> 1st Trimester <14 weeks, single 76801	
<input type="checkbox"/> 1st Trimester <14 weeks, twins 76802	
<input type="checkbox"/> Transvaginal OB 76817	
<input type="checkbox"/> Anatomy Scan, single 76805	
<input type="checkbox"/> Anatomy Scan, additional 76810	
<input type="checkbox"/> Obstetrics Limited 76815	
<input type="checkbox"/> Follow-up OB growth/anatomy 76816	
<input type="checkbox"/> Nuchal Translucency 76818	
<input type="checkbox"/> Biophysical Profile 76818	
<input type="checkbox"/> Umbilical Artery Doppler 76820	
ADDITIONAL DIAGNOSIS CODES	

Physician Signature: _____ Date: _____