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www.durangoultrasound.com

Provider Referral

Patient Name: _____ D.O.B. _____ Patient phone: _____
 Patient mailing address: _____ City: _____ State: _____ Zip Code: _____
 Provider Name/NPI/Signature: _____
 ICD-10/Reason for exam: _____
 Provider email: _____ Office phone: _____
 Office fax: _____



EXAM

CPT

PREP REQUIRED

Abdomen Complete	76700	Water & medication only, 6 hours prior to exam. No prep in children < 8 years of age.
Duplex of abdominal organ	93976*	Same as above
Abdomen Limited (includes RUQ: liver, gb, pancreas, rt kidney Or LUQ: spleen, Lt kidney Or hernia site or appendix)	76705	Same as above
Renal Renals & bladder pre/post void	76770	Prefer nothing to eat 4 hours prior, arrive with full bladder
Renal transplant	76776	No prep
Renal transplant duplex	93976*	No prep
Bladder pre/post void	76857	Arrive with full bladder
Aorta	76775	Prefer nothing to eat 4 hours
Pelvic Complete/endovaginal (transabdominal/endovaginal If needed. Or endovaginal only)	76856/76830	Requires a full bladder. Empty bladder for endovaginal only.
Pelvic/endovaginal duplex (to assess for torsion)	93976*	Same as pelvic/endovaginal
Scrotum/testicular	76870	No prep
Scrotal/testicular duplex	93976 *	No prep
Thyroid/soft tissue neck	76536	No prep
Venous leg or arm Rt or Lt	93971	No prep (please remove dressings/cast/brace)
Venous legs or arms/bilateral	93970	No prep (please remove dressings/cast/brace)
Arterial leg or arm Rt or Lt	93926/93931	No prep (please remove dressings/cast/brace)



Arterial legs or arms/bilateral	93925	No prep (please remove dressings/cast/brace)
Carotid duplex bilateral	93880	No prep
Chest/soft tissue/back	76604	No prep
Pediatric Breast	76641	No prep
OB 1st trimester, <14 weeks single fetus	76801	Full bladder
OB endovaginal	76817*	Empty bladder
OB 1st trimester, <14 weeks each additional fetus	76802	Full bladder
OB 2/3 trimester, >14 weeks, SDA, complete OB single	76805	Full bladder
OB 2/3 trimester, each additional fetus	76810	Full bladder
OB Ltd, (AFI or position or placenta or FHT, etc) per fetus	76815	Full bladder
OB F/U (f/u anatomy & AFI & or growth, etc.) per fetus	76816	Full bladder
OB BPP (biophysical profile) per fetus	76819	Full bladder
OB doppler MCA (middle cerebral artery)	76821*	Full bladder
OB doppler Umbilical Artery	76820*	Full bladder
Breast Ltd, Rt or Lt, unilateral (Palpable mass, not a screening scan)	76642	No Prep
Breast Ltd, bilateral (Palpable masses, not a screening scan)	76641-20	No Prep
Soft Tissue, extremity Rt or Lt, unilateral (non vascular)	76882	No Prep

Note: Please chose Lt or Rt where indicated.

* exams are ordered typically in conjunction with another non-duplex exam and patient is charged for two exams. **Note:** We take a color image of most organs to evaluate for perfusion in most routine, non duplex studies at no additional charge.

Please contact us for additional studies not listed.

Additional order forms available on www.durangoultrasound.com or can be dropped off to your office.