



**Utah Vascular Clinic & UI Ultrasound**

650 East 4500 South, Suite 100  
 Salt Lake City, UT 84107

**PROCEDURE ORDER**

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

PATIENT Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Diagnosis/Symptoms: \_\_\_\_\_

PROVIDER Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

*PLEASE SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS AND CLINIC MAP / DIRECTIONS*

X	FEMALE	CPT	X	OTHER	CPT
	OB >14 Weeks: _____	TBD		Chest	76604
	OB <14 Weeks: _____	TBD		Soft Tissue Head & Neck	76536
	OB Transvaginal	76817		Pseudo-aneurysm Guided Compression	76936
	Pelvic Complete	76856		Other: _____	TBD
	Transvaginal	76830	<b>X</b>	<b>VASCULAR</b>	<b>CPT</b>
<b>X</b>	<b>SMALL PARTS</b>	<b>CPT</b>		Segmental Pressures Doppler Extremity	93923
R L	Breast	76645		Ankle Brachial Index	93922
R L	Extremity Non-Vascular	76880		Abdomen/Pelvis Doppler Complete (Circle one: Renal Arteries / Pre or post TIPS / Great Vessels	93975
	Scrotal / Testicular	76870		Abdominal IAorta	93978
	Thyroid	76536		Carotid Arteries Duplex	93880
<b>X</b>	<b>ABDOMINAL</b>	<b>CPT</b>		Renal Artery Doppler	93975
	Abdominal Complete (Liver, Gallbladder, CBD,Pancreas, Spleen, Aorta, IVC, Kidney)	76700		Upper Ext. Artery Duplex Bilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93930
	Abdominal U/S Limited (Liver, GB, Pancreas, RT Kidney/Appendix/Ascites)	76705	R L	Upper Ext. Artery Duplex Unilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93931
	Liver / Gallbladder / Spleen (Circle one)	76705		Lower Ext. Artery Duplex Bilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93925
	Pancreas or Adrenal (Circle one)	76770	R L	Lower Ext. Artery Duplex Unilateral (Arterial Bypass Graft or Fistula - Stenosis, Failure to Mature)	93926
	Bladder - Pre & Post Void	76857	U / L	Extremity Veins Upper or Lower Duplex Bilateral (Circle one: DVT / Vein Mapping)	93970
	Renal Complete w / Bladder Retroperitoneal	76770	RU / RL LU / LL	Extremity Veins Upper or Lower Duplex Unilateral (Circle one: DVT / Vein Mapping)	93971
	Renal without Bladder	76775	RL / LL	Venous Insufficiency Bilateral Or Unilateral (Circle one or both)	93965

## Additional Women's Services

HSG

Fallopian Tube Recanalization

Uterine Fibroid Embolization

## Ultrasound Preparations

Any exam that does not need preparation can often be scheduled within the hour.  
All others (depending on prep time) can usually be scheduled same day.  
Abdominal & Aorta ultrasound need to be scheduled next day.

*No Preparation Needed for the following exams: **Appendix, Breast, Carotid, Extremity, Testicular, Thyroid, Any Vascular Exam, & Superficial/Muscular***

**Abdomen, Abdominal Vessels & Aorta:** *Do not eat or drink anything after midnight the night before the exam until the exam is completed. This includes not drinking any water, smoking or chewing gum.*

**Pelvic, Pelvic and Renal, Pelvic and Abdomen, Pelvic and Transvaginal, Bladder, O.B., Renal, Renal and Bladder:** *A full bladder is essential for this exam. Drink 32 oz of fluid prior to the exam, finishing 1 hour prior to starting the exam. For example, if the appointment is @ 11am. The patient should start to drink @ 9:30 am, be done by 10 am. Do not void until after the exam is completed.*

