



Outpatient Testing Order Form

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Patient Name: _____ **DOB:** ____ / ____ / ____

Ordering Physician: _____

Indication for Test: _____

Physician Signature: _____

Ultrasound / Duplex:

- 76700 Abdominal Ultrasound
- 93978 Aorta/Iliac Ultrasound
- UE Arterial Duplex: RT LT Bilat
- LE Arterial Duplex: RT LT Bilat
- 93880 Carotid Artery Duplex
- 93975 Mesenteric Duplex
- 93975/76770 Renal Artery Complete
- 76770 Renal Ultrasound
- 93931 Subclavian Artery Duplex
- 76536 Thyroid Ultrasound
- UE Venous Duplex RT LT Bilat
- LE Venous Duplex (DVT): RT LT Bilat
- LE Venous Duplex (Insufficiency Study):
 - RT LT Bilat

Echocardiography:

- 93306 Echo
- 93350 Stress Echo

Nuclear Medicine:

- Stress Pharmacologic Treadmill

Event Recorder

Other: _____