



Schedule by Phone
844.757.SCAN



Schedule Online
www.vbdiagnostics.com

ORDERING FORM

Patient Information

Patient Name		Date of Birth	
Phone	Email		
Address	City	State	Zip

Provider Information

Provider Name		NPI#	
Office Name			
Office Address	City	State	Zip
Office Phone	Email		

Vascular Ultrasound

- | | |
|--|--|
| ☐ Carotid Duplex (93880) | ☐ Abdominal Aorta Ultrasound (93978) |
| ☐ Lower Extremity Arterial Duplex (93925) | ☐ Upper Extremity Arterial Duplex (93930) |
| ☐ Upper Extremity Venous Duplex (93970) | ☐ Lower Extremity Venous Duplex (93970) |
| ☐ Renal Arterial Duplex (93975) | ☐ Ankle-Brachial Index Text (ABI) (93922) |

Cardiology Tests

- | | |
|---|--|
| ☐ Echocardiogram Complete (93303) <ul style="list-style-type: none">☐ w/ Cardiac Strain (93356)☐ w/ Bubble Study☐ w/ Contrast (93352) | ☐ Electrocardiogram (EKG) (93000) |
| ☐ Echocardiogram Limited (93306) <ul style="list-style-type: none">☐ w/ Cardiac Strain (93356)☐ w/ Bubble Study☐ w/ Contrast (93352) | ☐ Heart Monitor 7 Day (93243) |
| | ☐ Heart Monitor 14 Day (93247) |

Special Instructions:

Diagnosis/Indications:

ICD-10 Codes:

Physicians's Signature: _____ Date: _____