



Choice Ultrasound
Diagnostic Imaging

Outpatient Ultrasound Order Form

FAX ORDER TO: (833)938-4654

Choice Ultrasound

22 Wilson Ave NE Suite 201 • St. Cloud, MN 56304
choicoultrasoundmn@gmail.com
Phone: (320)208-6064 • Fax: (833)938-4654
choicoultrasound.com

Patient Name _____ DOB: ____/____/____

Age: _____

MRN For your Facility: _____

Best Patient Contact Phone # _____

LMP: _____ EDC: _____ Blood type: _____ Grav. ____ Para ____

IDC10 Code: _____

Stat: ____ ASAP: _____ Routine: _____ Call Report: _____ Fax Report: _____

Provider: _____

Prescribing Provider Number: _____

Provider Address: _____

Provider (Best) Phone Number: _____ Fax Number: _____

Indications: _____

Ultrasound Service(s):

- 1st Trimester Scan CPT 76801____Twins CPT 76802____
- 20-week Anatomy Scan CPT 76811____ Twins CPT 76812____
- OB Follow-up Scan CPT 76816____Twins: ____
- Biophysical Profile (BPP) CPT 76818____Twins: ____

FREQUENCY: _____

- OB Limited Scan CPT 76815____
- MCA Doppler CPT 76821____ Twin A____ Twin B____
- Umbilical Doppler CPT 78620____Twin A____Twin B____