



Physician Referral Form

27450 Ynez Rd. Suite 224 • Temecula, CA 92591

To schedule call: Phone: (951)-404-4005

2573 W. Florida Avenue • Hemet, CA 92543

To schedule call: Phone: (951)-357-2000

Fax: (951) 900-6880

Patient's Name: _____ Date: _____

Patient's Phone: _____ DOB: _____

Ordering Physician: _____ Signature: _____

Physician Preference for results: Report Only Report & CD Routine STAT

Phone Number: _____ Fax Number: _____

Clinical Diagnosis/History: _____

VASCULAR

- Carotid 93880
- Lower Ext. Arterial Duplex 93925
- Lower Ext. Arterial Limit. RT LT 93926
- ABI 93922
- Segmental ABI 93923
- Lower Ext. Venous Duplex 93970
- Lower Ext. Venous Duplex RT LT 93971
- Upper Ext. Arterial Complete 93930
- Upper Ext. Arterial 93931
- Duplex Hemodialysis Fistula RT LT 93990

GENERAL

- Abdomen Complete 76700 w/ Doppler 93975
- Abdomen Limited 76705 w/ Doppler 93975
- Liver
- Gallbladder
- Abdominal Hernia
- Aorta 76775 w/ Doppler 93978
- Renal 76770 w/ Doppler 93975
- Urinary Bladder Pre and Post Void 76770
- Pelvic 76856 w/ Vaginal 76830
- Scrotum 76870 w/ Doppler 93975
- Thyroid 76536
- Ob 1st 76801
- Ob 2nd 76805
- Ob Anatomy 76811
- Follow up Ob 76815
- Soft Tissue 76881
- Chest Ultrasound 76604
- Transplant Kidney 76776
- Extremity Non-Vascular R L 76881
- Elastography 76981

ECHO-CARDIOGRAM

- Echo Complete 93306

PEDIATRIC

- Abdomen Complete 76700 w/ Doppler 93975
- Abdomen Limited 76705 w/ Doppler 93975
- Pyloric Stenosis
- Intussusception
- Pelvic 76856
- Scrotum 76870 w/ Doppler 93975

Preparations-Please follow carefully. Call us with any questions.

(Small amount of water and oral medications permitted).

Carotid

Don't wear collar shirts. Wear loose neck shirts.

Lower Extremities

Wear loose shorts or skirts for female.

Abdomen

Nothing to eat or drink 8 hours prior to exam.

OB, Pelvis or Renal

Start by emptying bladder 2 hours before appointment, then drink 32 ounces of water, finish 1 hour before appointment. Do not empty your bladder before exam.

Internal Only:

Appointment Date: _____ Appointment Time: _____

Date of Service: _____ Report Done: _____

ICD 9/10 Code: _____