



# Ultrasound Order

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date: of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_





Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis/History: \_\_\_\_\_

*HIPAA Compliance Disclaimer: All medical information provided will be kept confidential in accordance with HIPAA regulations. This form is used solely for diagnostic referral and scheduling purposes.*



*Book online at [babyglamultrasound.com](http://babyglamultrasound.com) or scan the QR code below. Payment methods accepted include: Credit Card, Cash, Apple Pay.*

 (267) 996-5096 - PHONE  
 (267) 996-5096 - FAX  
 [babyglamultrasound.com](http://babyglamultrasound.com)  
 622 Mary Street  
Suite 301  
Warminster, PA 18974



✓	CPT	Ultrasound Procedure	Price
	76700	Abdomen (Complete)	\$175
	76705	Abdomen (Limited)	\$150
	93976	Aorta	\$150
	76770	Renal (Complete)	\$175
	76770	Kidneys Only	\$150
	93925	Arterial Duplex (Bilateral)	\$250
	93926	Arterial Duplex (Unilateral)	\$175
	93970	Venous Doppler (Bilateral)	\$250
	93971	Venous Doppler (Unilateral)	\$175
	93880	Carotid Doppler	\$250
	76856+ 76830	Pelvic + Transvaginal	\$175
	76856	Pelvic Only	\$150
	76830 76817	Transvaginal (Non-OB), Transvaginal (OB)	\$150
	76801	OB (Limited) (Dating Only)	\$150
	76801+ 76817	OB + Transvaginal (<14 Weeks)	\$175
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✓	CPT	Ultrasound Procedure	Price
	76815	OB Follow-Up	\$150
	76805	Fetal Anatomy (20+Weeks)	\$275
	76536	Thyroid	\$150
	76881+ 76882	Soft Tissue	\$125

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Provider Signature

Date

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Fax Number to Receive Results

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Provider Phone Number

Cost listed above is all-inclusive.