

# Empire Diagnostic Solutions, Inc.

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 www.edslive.com



<b>REFERRING PHYSICIAN:</b>		<b>DATE OF SERVICE:</b>	
<b>FIRST NAME:</b>		<b>LAST NAME:</b>	
<b>PATIENT'S ADDRESS:</b>			
<b>PRIMARY INSURANCE:</b>			
<b>ID NUMBER:</b>			
<b>SECONDARY INSURANCE:</b>			
<b>ID NUMBER:</b>			
<b>DATE OF BIRTH:</b>		<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>PATIENT'S PHONE NUMBER:</b>		<b>S.S.#:</b>	
<input type="checkbox"/> <b>ABDOMINAL ULTRASOUND 76700</b> <input type="checkbox"/> Abdominal Pain Unspecified 789.00 <input type="checkbox"/> Abdominal tenderness 789.60 <input type="checkbox"/> Abdominal mass 789.30 <input type="checkbox"/> Cholelithiasis 574.20 <input type="checkbox"/> Cholecystitis 575.10 <input type="checkbox"/> Heartburn 787.1 <input type="checkbox"/> Hepatomegaly 789.1 <input type="checkbox"/> Liver disease 573.9 <input type="checkbox"/> Loss of weight 783.21 <input type="checkbox"/> Nausea 787.02 <input type="checkbox"/> Vomiting 787.03		<input type="checkbox"/> <b>ECHOCARDIOGRAM COLOR DOPPLER 93306</b> <input type="checkbox"/> Abnormal EKG 794.31 <input type="checkbox"/> Chest pain unspecified 786.50 <input type="checkbox"/> Murmur 785.2 <input type="checkbox"/> Palpitations 785.1 <input type="checkbox"/> Shortness of breath 786.05 <input type="checkbox"/> Valve disorder, unspecified 424.90	
<input type="checkbox"/> <b>FULL AORTA 93978</b> <input type="checkbox"/> Abdominal Pain generalized 789.07 <input type="checkbox"/> RUQ 789.01 <input type="checkbox"/> LUQ 789.02 <input type="checkbox"/> RLQ 789.03 <input type="checkbox"/> LLQ 789.04 <input type="checkbox"/> Abdominal aneurysm 441.4 <input type="checkbox"/> Ascites 789.59 <input type="checkbox"/> Hypertension, essential benign 401.1		<input type="checkbox"/> <b>PETVIC ULTRASOUND FEMALE 76856</b> <input type="checkbox"/> <b>PETVIC TRANSVAGINAL 76830</b> <input type="checkbox"/> Irregular menstrual cycle 626.4 <input type="checkbox"/> Menorrhagia 626.2 <input type="checkbox"/> Pelvic inflammatory disease 614.9 <input type="checkbox"/> Pelvis mass 789.30 <input type="checkbox"/> Post menopausal bleeding 627.1 <input type="checkbox"/> Uterine fibroid 218.9	
<input type="checkbox"/> <b>RENAL ULTRASOUND 76770</b> <input type="checkbox"/> Aneurysm renal artery 442.1 <input type="checkbox"/> Calculus of kidney 592.0 <input type="checkbox"/> Hematuria 599.70 <input type="checkbox"/> Hydronephrosis 591 <input type="checkbox"/> Hypertension 401.9 <input type="checkbox"/> Hypertrophy of prostate 600.00 <input type="checkbox"/> Renal cyst 593.2 <input type="checkbox"/> Urinary tract infection 599.0		<input type="checkbox"/> <b>PETVIC ULTRASOUND MALE 76856</b> <input type="checkbox"/> Bladder Diverticulum 596.3 <input type="checkbox"/> Bladder neoplasm uncertain 236.7 <input type="checkbox"/> Epididymis cyst 608.89 <input type="checkbox"/> Orchitis & epididymitis 604.90 <input type="checkbox"/> Prostate hyperplasia 600.00 <input type="checkbox"/> Prostatitis 601.9 <input type="checkbox"/> Scrotal mass 608.89	
<input type="checkbox"/> <b>RENAL DOPPLER 93976</b> <input type="checkbox"/> Abdominal Pain generalized 789.07 <input type="checkbox"/> RUQ 789.01 <input type="checkbox"/> LUQ 789.02 <input type="checkbox"/> RLQ 789.03 <input type="checkbox"/> LLQ 789.04 <input type="checkbox"/> Abdominal aneurysm 441.4 <input type="checkbox"/> Ascites 789.59 <input type="checkbox"/> Hypertension, essential benign 401.1		<input type="checkbox"/> <b>PETVIC DOPPLER 93976</b> <input type="checkbox"/> Hypertension, benign 401.1 <input type="checkbox"/> Orchitis & epididymitis 604.90 <input type="checkbox"/> Vascular disorders penis 607.82	
		<input type="checkbox"/> <b>PVR/ABI Measurements 93923</b> <input type="checkbox"/> Atherosclerosis w/rest/pain 440.22 <input type="checkbox"/> Diabetes w/circulatory disorder 250.70 <input type="checkbox"/> Peripheral vascular disease 443.9	
		<input type="checkbox"/> <b>THYROID 76536</b> <input type="checkbox"/> Cyst 246.2 <input type="checkbox"/> Enlarged thyroid 240.9 <input type="checkbox"/> Neck mass 784.2 <input type="checkbox"/> Thyroid disorder unspecified 246.9	
<input type="checkbox"/> <b>CAROTID 93880</b> <input type="checkbox"/> Carotid stenosis 433.10 <input type="checkbox"/> Dizziness 780.4 <input type="checkbox"/> Mass head, neck 784.2 <input type="checkbox"/> Syncope (fainting) 780.2 <input type="checkbox"/> T.I.A. 435.9			
<input type="checkbox"/> <b>TRANSCRANIAL DOPPLER 93886</b> Must be ordered with CAROTID <input type="checkbox"/> Carotid Stenosis 433.10 <input type="checkbox"/> Other: _____			
<input type="checkbox"/> <b>LOWER EXTREMITY ARTERIAL 93925</b> <input type="checkbox"/> Atherosclerosis w/pain walk 440.21 <input type="checkbox"/> Diabetes w/circulatory disorder 250.70 <input type="checkbox"/> Peripheral vascular disease 443.9			
<input type="checkbox"/> <b>LOWER EXTREMITY VENOUS 93970</b> <input type="checkbox"/> Edema 782.3 <input type="checkbox"/> Pain in limb 729.5 <input type="checkbox"/> Swelling of limb 729.81 <input type="checkbox"/> Varicose veins w/inflammation 454.1 <input type="checkbox"/> Varicose Veins w/ulcer 454.0			
<input type="checkbox"/> <b>UPPER NERVE CONDUCTION STUDIES</b> <input type="checkbox"/> Brachial plexopathy 353.0 <input type="checkbox"/> Carpal tunnel 354.0 <input type="checkbox"/> Causalgia upper limb 354.4 <input type="checkbox"/> Cervical plexus 353.2 <input type="checkbox"/> Diabetic polyneuropathy 357.2			
<input type="checkbox"/> <b>LOWER NERVE CONDUCTION STUDIES</b> <input type="checkbox"/> Lesion plantar nerve 355.6 <input type="checkbox"/> Lesion lateral popliteal nerve 355.3 <input type="checkbox"/> Lesion medial popliteal nerve 355.4 <input type="checkbox"/> Lesion sciatic nerve 355.0 <input type="checkbox"/> Tarsal tunnel 355.5			
<input type="checkbox"/> <b>VNG</b> <input type="checkbox"/> Benign paroxysmal vertigo 386.11 <input type="checkbox"/> Other peripheral vertigo 386.19 <input type="checkbox"/> Peripheral vertigo 386.10 <input type="checkbox"/> Semicircular canal fistula 386.43 <input type="checkbox"/> Vertigo of central origin 386.2			
<b>OTHER DIAGNOSTIC CODES:</b>			
<i>I certify that the above ordered tests are medically necessary for this patient.</i>			
<b>PHYSICIAN'S SIGNATURE:</b>			