



# ANAHEIM MARKET CLINIC



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## ULTRASOUND REQUEST FORM

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

D.O.B \_\_\_\_\_

### Check Study (s) Requested

Abdominal

#### Single Organ.

Liver

Gallbladder

Pancreas

Renal

Spleen

Pelvic-Non OB

Prostate / Scrotum

Thyroid

Breast

Other

## OBSTETRICAL ULTRASOUND REQUEST FORM

OB Ultrasound <14wks 76801

OB Ultrasound Repeat 76816

OB Ultrasound >14wks 76805

OB Ultrasound Limited 76815

Multi-Gest 76810

### ICD-9 Presumptive Diagnosis

Threatened Abort (640.03)

Ectopic (633.90)

Mult Ges Twins (651.01)

Molar Pregnancy (630 )

Missed Abortion (632 )

Blighted Ovum (631.0 )

Post Term (645.13)

Prolonged Preg (645.23)

Excessive Growth (656.63)

Establish or confirm dates (646.83)

Poor Growth (656.53)

Polyhydramnios (657.0 )

Oligohydramnios (658.08)

Congenital Anomalies (653.7 )

Determine Fetal Position (652.0 )

Placenta Previa (641.1 )

Placenta Previa w/out Hemorrhage (641.03)

Placenta Previa w/ Hemorrhage (641.13)

Unlisted Diagnosis \_\_\_\_\_

Referring Provider Authorized

Signature \_\_\_\_\_