



CAREPLUS DAIGNOSTIC SERVICES LLC

3218 Skokie Valley RD, STE 202, Highland Park, IL 60035 www.uscpds.com

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Patient Name: _____/_____/_____ Date: ____/____/____
Last First

Patient Address: _____

Tel: _____ Date of Birth: M F

S.S No: Medicare No:

Facility: _____ Phone No: _____ Fax No: _____

Room No: _____ Bed No: _____ [Insurance/HMO/PPO or Responsible Party](#)
Insurance Company # _____

Physician Name: _____ Policy # _____

NPI No: _____ Group # _____

Physician Signature: _____ Insurance No # _____

Nurse Name: _____ Nurse Signature: _____

[NARRATIVE SYMPTOM OR DIAGNOSIS:](#) _____

[CARDIOVASCULAR EXAM](#) [CPT]

- ☐ US DUPLEX CAROTID ARTERIES COMPLETE [93880]
☐ US ECHOCARDIOGRAM TRANSESOPHAGE (TEE) [93312]
☐ ELECTROCARDIOGRAM EKG 12 – LEAD [93000]

[UPPER EXTREMITIES](#)

- ☐ US DUPLEX UPPER EXTREMITY ARTERIES BILAT [93930]
☐ US DUPLEX UPPER EXTREMITY ARTERIES LEFT [93931]
☐ US DUPLEX UPPER EXTREMITY ARTERIES RIGHT [93931]
☐ US DUPLEX UPPER EXTREMITY VEINS BILATERAL [93970U]
☐ US DUPLEX UPPER EXTREMITY VEINS LEFT [93971U]
☐ US DUPLEX UPPER EXTREMITY VEINS RIGHT [93971U]

[LOWER EXTREMITIES](#)

- ☐ US DUPLEX LOWER EXTREMITY ARTERIES BILAT [93925]
☐ US DUPLEX LOWER EXTREMITY ARTERIES LEFT [93926]
☐ US DUPLEX LOWER EXTREMITY ARTERIES RIGHT [93926]
☐ US DUPLEX LOWER EXTREMITY VEINS BILATERAL [93970]
☐ US DUPLEX LOWER EXTREMITY VEINS LEFT [93971]
☐ US DUPLEX LOWER EXTREMITY VEINS RIGHT [93971]

[ULTRASOUND EXAM](#) [CPT]

- ☐ US ABDOMINAL COMPLETE [76700]
☐ US ABDOMINAL LIMITED [76705]
☐ US ABD AORTA FOR ANEURYSM SCREEN [76706A]
☐ US DUPLEX CAROTID ARTERIES COMPLETE [93880]
☐ US GALLBLADDER [76705]
☐ US LIVER [76705]
☐ US SOFT TISSUE – GROIN RIGHT [76882G]
☐ US SOFT TISSUE – GROIN LEFT [76882G]
☐ US RETROPERITONEAL COMPL (KIDNEY/BLADDER) [76770]
☐ US SOFT TISSUES OF HEAD & NECK [76536N]
☐ US THYROID [76536]

[OTHER EXAM REQUESTED](#)

[ICD-10 INFO REQUIRED](#)

1. _____
2. _____
3. _____
4. _____
5. _____

[SPECIAL INSTRUCTIONS](#)

☐ ROUTINE ☐ URGENT

