



# CAREPLUS DAIGNOSTIC SERVICES LLC

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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](#)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## [ICD-10 INFO REQUIRED](#)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

## [SPECIAL INSTRUCTIONS](#)

☐ ROUTINE ☐ URGENT

