

SWI DIAGNOSTICS

GENERAL AND VASCULAR ULTRASOUND SERVICES

Office Hours: M-F from 9-5
weekend and evening
appointments available

Office Use

TAX ID 20-1070791
NPI 1568536050

CPT	STUDY TYPE	INDICATIONS
VASCULAR	VASCULAR SERVICES	VASCULAR SERVICES (circle the appropriate diagnosis) or other
93978	<input type="checkbox"/> Abdominal Aorta	-AAA, pulsatile mass, bruit, hx of smoking, back pain, pain, other
93880	<input type="checkbox"/> Carotid Artery Duplex	Bruit, TIA, CVA, weakness, carotid stenosis, hx smoking, unilateral numbness/weakness, -Visual disturbance, speech difficulty, hx of PAD, vertigo, hyperlipidemia, syncope, other
93970-71	<input type="checkbox"/> Venous: Right Left Both	-Pain, Swelling, edema, phlebitis, cellulitis, DVT, venous insufficiency,
93970-71	<input type="checkbox"/> Venous Lower Leg Right Left Both	localized discoloration along a vein, varicose veins, pain/fatigue, varicose veins, Other
PAD	Peripheral Arterial Disease	PAD (circle the appropriate diagnosis) or other
93925-26	<input type="checkbox"/> Arterial Lower Leg Right Left Both	-Pain/fatigue in buttocks, thighs or calves with exertion, discoloration of the feet or toes,
93922	<input type="checkbox"/> Ankle/Brachial Indices (ABI)	-Resting pain, ulcerations, claudication, PVD, arterial insufficiency, diabetes, hx smoking,
93923	<input type="checkbox"/> Non-Invasive Physiologic Study	-Non healing sore, other
GU	GENERAL ULTRASOUND	GENERAL ULTRASOUND(circle the appropriate diagnosis) or other
MSK	<input type="checkbox"/> Musculoskeletal	- Pain, swelling, other
76700	<input type="checkbox"/> Abdominal	-Chronic or acute pain, r/o abdominal masses, N/V, abnormal liver function tests,
76705	<input type="checkbox"/> Gallbladder	hypertension gallstones, AAA, back pain, evaluate abdominal organs, aorta, IVC
76770	<input type="checkbox"/> Renal	-Pain, hypertension, stones, hematuria, AAA renal artery stenosis (93975), other
76536	<input type="checkbox"/> Thyroid	-Enlargement, nodule, mass, cyst, abnormal lab, weight gain/loss, other
76870	<input type="checkbox"/> Scrotum	-Pain, torsion, mass right left , other

Pt Name: _____
Address: _____

Contact: _____
H/W _____
Cell _____
Physician/Contact _____

Patient ID: _____

DOB/ M or F: _____

Insurance Carrier _____

Today's charge
Cash Check MC/VISA

Date: _____

Appt Time: _____
SWI STAFF _____

STAT/CALL REPORT YES NO

WOMEN	Women Services	WOMEN SERVICES (circle the appropriate diagnosis) or other
GYN	GYN	OB (circle the appropriate diagnosis) or other
76856-57	<input type="checkbox"/> Pelvic	-Pelvic pain, amenorrhea, metrorrhagia, dysmenorrhea, infertility, mass, menorrhagia, PCOD
76830	<input type="checkbox"/> Transvaginal	irregular bleeding, PMB, oligomenorrhea, ovarian cyst or mass, torsion, fibroid, polyp, family hx,
93975-76	<input type="checkbox"/> Pelvic- inflow/ outflow Color Flow Doppler-TV	-Color Doppler imaging, blood flow characteristics, repeat f/u ultrasound, other
76645	<input type="checkbox"/> Breast: Right Left Both	Mass blood flow characteristics, other
93970-71	<input type="checkbox"/> Varicose Vein Study Right Left Both	-Pain, Mass, cyst, other
		-Pain/fatigue, varicose veins, insufficiency
		76801 <input type="checkbox"/> First Trimester
		76817 <input type="checkbox"/> OB-TV
		76819 <input type="checkbox"/> Fetal BPP
		76820 <input type="checkbox"/> Umbilical Artery
		76805 <input type="checkbox"/> Anatomical Study
		76815 <input type="checkbox"/> F/U OB limited
		76816 <input type="checkbox"/> F/U
		76813 <input type="checkbox"/> Nuchal P03573 Translucency each add. -14

OTHER STUDY/DIAGNOSIS:

Patient Instructions:

- Patient may leave after the study
- Do not let patient leave until I know the results
- Have patient return to my office after study
- OTHER _____
- STAT/CALL REPORT TO THIS NUMBER _____

Appt Date and Time:

Ordering Physician's Signature:

308 South Pine Street Summerville, SC 29483

(843) 817-6345, FAX (843) 261-1476

Thank you for trusting us with your patient