



Kountry Imaging and Massage, LLC

ULTRASOUND ORDER FORM

1127 Fannin St. Columbus, TX 78934

Ph: 979 232-1833 Fax: 979-733-0302

KountryIM.com • Online Scheduling

DATE _____

NAME _____ DOB _____

ORDERING DOCTOR _____

DIAGNOSIS CODE/SYMPATOM _____

DOCTOR FAX #/EMAIL _____

ULTRASOUND EXAM	CPT CODE	PRICE
ABDOMEN US COMPLETE	76700	\$150.00
ABDOMEN (GB)(RUQ)-LIMITED	76705	\$125.00
SINGLE ORGAN (LIVER, PANCREAS)	76705	\$100.00
AORTA DOPPLER	93978	\$100.00
RENAL/BLADDER COMPLETE	76770	\$125.00
RENAL DOPPLER	93975	\$250.00
BREAST UNI/BI	76645	\$100.00
THYROID/SOFT TISSUE NECK	76536	\$125.00
SCROTUM W/DOPPLER	76870	\$150.00
PELVIS COMPLETE TRANS ABD	76856	\$125.00
PELVIS COMPLETE TRANS ABD/TV	76856-30	\$175.00
PELVIS TRANSVAGINAL ONLY	76830	\$125.00
OB < 14 WEEKS TRANS ABD	76801	\$125.00
OB < 14 WEEKS TRANS VAG	76817	\$125.00
OB > 14 WEEKS COMPLETE	76805	\$150.00
OB LIMITED FOLLOW UP	76815	\$100.00
CAROTID DOPPLER BIL	93880	\$250.00
VENOUS DOPPLER UNI/BIL	93970	\$200.00
2D ARTERIAL DOPPLER/ABI	93923/93925	\$200.00

DOCTOR SIGNATURE _____