# Physician/Provider Referral Form

1216 16th St. W. · Alpine Village Suite 21 · Billings, MT 59102 · (406) 969-4340 · www.PicturePerfectUltrasound.com

**DATE:**

| **PATIENT INFORMATION** | | |
|---|---|---|
| **PATIENT NAME:** | **DOB:** | **PHONE #:** |
| **INSURANCE:** | **INSURANCE ID #:** | |

| **PHYSICIAN/PROVIDER INFORMATION** | | | |
|---|---|---|---|
| **PHYSICIAN/PROVIDER NAME:** | | | **NPI #:** |
| **FACILITY NAME:** | | | |
| **ADDRESS:** | **CITY:** | **ST:** | **ZIP:** |
| **PHONE #:** | **CELL/PAGER #:** | **FAX #:** | |

**REFERRAL INFORMATION**

**ULTRASOUND EXAM REQUESTED:**

- ☐ AORTA
- ☐ ABDOMEN (UPPER/COMPLETE)
- ☐ ABDOMEN LIMITED
- ☐ ABDOMINAL DOPPLER
- ☐ BLADDER ONLY
- ☐ RENAL (Kidneys Only)
- ☐ RENAL & BLADDER
- ☐ TRANSPLANT KIDNEY ☐RT ☐LT
- ☐ RENAL ARTERY DOPPLER/ DUPLEX

- ☐ OB <13 WEEKS
- ☐ OB >14 WEEKS
- ☐ BIOPHYSICAL PROFILE
- ☐ OB Follow Up
- ☐ OB LTD (specify what is to be scanned EX: Heart Only or Brain Only)
- ☐ PELVIC COMPLETE (TA/TV)
- ☐ PELVIC TRANSVAGINAL
- ☐ PELVIC TRANSABDOMINAL

- ☐ NEONATAL HEAD
- ☐ TESTICULAR
- ☐ THYROID/PARATHYROID
- ☐ SOFT TISSUE
- ☐ CAROTID DUPLEX
- ☐ Groin ☐ RT ☐ LT ☐BILAT
- ☐ HERNIA (Site:_________________)
- ☐ FERTILITY/FOLLICULAR

LOWER EXTREMITY ARTERIAL: ☐ RT ☐ LT ☐ BILAT
LOWER EXTREMITY VENOUS DOPPLER: ☐ RT ☐ LT ☐ BILAT
LOWER EXTREMITY VENOUS VALVE COMP: ☐ RT ☐ LT ☐ BILAT

UPPER EXTREMITY ARTERIAL: ☐ RT ☐ LT ☐ BILAT
UPPER EXTREMITY VENOUS DOPPLER: ☐ RT ☐ LT ☐ BILAT

**REASON FOR REFERRAL/PATIENT CLINICAL HX:**

| **ICD-10 CODE:** | **CPT CODE:** |
|---|---|

**ADDITIONAL PHYSICIAN/PROVIDER COMMENTS:**

*Picture Perfect Ultrasound* is digital with EMR and PACS system in place for Ultrasound Imaging, data storage and viewing. Our interpretive physicians are Licensed and Credentialed Radiologists, experienced in the specialty of Ultrasound. The results are sent to the referring physician/provider the same day the Ultrasound is performed.

_______________________________________________ ____________________

**Physician/Provider Signature** **Date**

**Please fax completed form to *Picture Perfect Ultrasound* at: *406-969-4341***

*Picture Perfect Ultrasound* is an approved in-network provider, accepting Insurance, Medicaid and Medicare.