



## Patient Referral Form

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Patient E-Mail: \_\_\_\_\_ ICD-10 Code(s): \_\_\_\_\_ Clinical information and special instructions: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_ Credentials: \_\_\_\_\_

Ordering Provider Signature: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Ordering Provider E-Mail: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax report to: \_\_\_\_\_ Call STAT Report To: \_\_\_\_\_

### In-office Fee Schedule

<input checked="" type="checkbox"/>	CPT	Description	Cost
	51798	POST VOID RESIDUAL BLADDER	99
	76700	COMPLETE ABDOMINAL ULTRASOUND	169
	76705	LIMITED ABD US	149
	76706	AAA SCREENING	129
	76770	COMPLETE RETROPERITONEAL	169
	76775	LIMITED RETROPERITONEAL	149
	76801	< 14 WKS SINGLE FETUS	149
	76802	< 14 WKS ADDITIONAL (MULTIPLES)	99
	76805	OB >= 14 WEEKS	179
	76813	OB NUCHAL TRANSLUCENCY	159
	76815	OB LIMITED	129
	76816	OB FOLLOW UP	149
	76817	OB TV	149
	76819	OB BPP W/O NST	159
	76830	TV GYN US	149
	76856	GYN ABDOMINAL PELVIC	149
	76857	GYN LIMITED	129

### Mobile: In-Home

Flat fee for all exams: \$399 within a 40 mile radius round trip from our office. Additional mileage at a rate of \$10 +\$0.65 per additional mile.

### Mobile: In Provider Office

We offer our mobile services in the convenience of your facility. Contact us for pricing.

**Report dictated by a board-certified radiologist within 48 business hours.**

**Accepted payments:** cash, HSA, FSA, tap pay,



**~By Appointment Only~**

### Office Hours:

7 days/week- 7:30am-8:00pm  
-last appointment time 7:30 pm  
call/text 980-600-BABY (2229)

### Office Location:

Daetwyler Plaza  
13420 Reese Blvd. W.  
Huntersville, NC 28078



*My Image Is Everything*

