CAPITOL IMAGING
"WHERE MAKING A DIFFERENCE MATTERS"

3013 El Camino Ave, Suite A
Sacramento CA, 95821
Phone:(916)891-5980
Fax:(916)580-1773
Support@capimg.com
www.Capimg.com

DIAGNOSTIC ULTRASOUND REFERRAL

PATIENT INFORMATION:

Full Name:

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Address ______________________________

Phone Number: ______________________ E-Mail: ______________________

Insurance Information:

PROVIDER INFORMATION:

Provider Name:

Address: ______________________________

Phone Number: ______________________ Fax Number: ______________________

Provider Signature Date : ____/____/____

STUDY INFORMATION:

Indication:

What are we ruling out?:
(Please Specify)

ICD-10/DIAGNOSIS CODE(S): ☐ Routine ☐ STAT

☐ Allow facility to make changes to order if needed

Ultrasound Exam	CPT	Ultrasound Exam	CPT	Ultrasound Exam	CPT	Ultrasound Exam	CPT	Ultrasound Exam	CPT
☐Abdominal Aorta Ultrasound	76770	☐ Aorta/Renal Retroperitoneal Limited	76775	☐ Pelvic Ultrasound	76856	☐ Breast Bilateral	76641	☐Upper Extremity Arterial Unilateral R_ L_	93931
☐ Abdomen Complete	76700	☐ Carotid	93880	☐ Follicular Monitoring (Pelvic)	76856	☐ Breast unilateral R_ L_	76642	☐ Lower / Upper Extremity Venous Bilateral	93970
☐Abdomen with Doppler	93975	☐ Thyroid	76536	☐US Pregnancy (OB) < 12 Weeks	76801	☐Lower Extremity Arterial Bilateral	93925	☐ Lower / Upper Extremity Venous Unilateral R_ L_	93971
☐Abdomen Limited (including RUQ)	76705	☐ Scrotal	76870	☐US Pregnancy (OB) > 12 Weeks	76805	☐Lower Extremity Arterial Unilateral R_ L_	93926	Other:___________	
☐ Aorta/Renal Retroperitoneal Complete	76770	☐ Bladder	76857	☐ US Pregnancy (OB) Twins	76810	☐Upper Extremity Arterial Bilateral	93930	Other:___________	

NOW ACCEPTING MOST MAJOR INSURANCES

CAPITOL IMAGING POLICY:

Carefully follow the instructions and if you have any questions,
please call our office at least ***24 hours*** before your scheduled scan for better assistance.

Upon your visit to Capitol Imaging, please bring the following:

1. Form of identification
2. Insurance information/ form of payment
3. Referring physician order form

Children 18 and under ***CAN NOT*** be left alone or go into the exam room without a legal parent or guardian.

We do have a ***10 min late policy.***
If you are more than 10 mins late OR have not followed the prepping instructions, we ***WILL*** reschedule our appointment.

ABDOMINAL EXAM PREPERATION:

Must be fasting.
DO NOT eat or drink anything **8 hours** before your exam.
We will reschedule if you do not fast.

OB/GYN & RENAL/BLADDER EXAM PREPERATION:

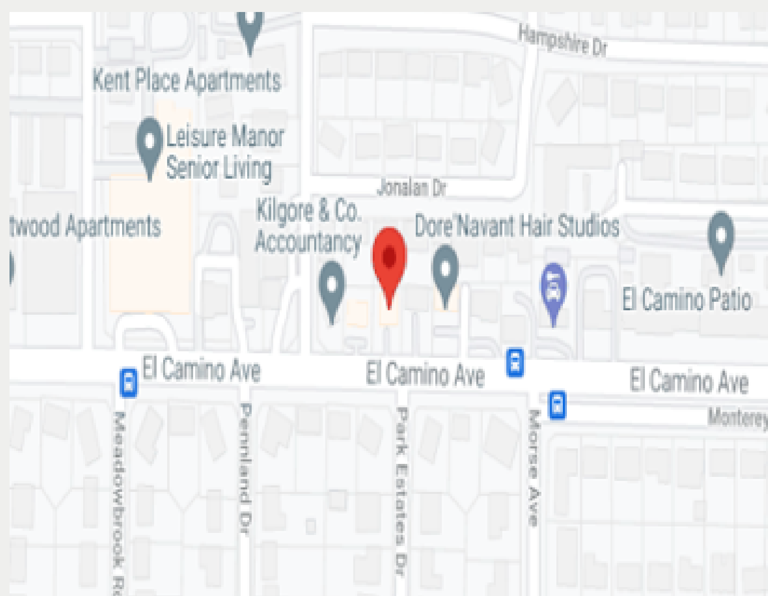
1 hour before your exam, drink 32oz.of water(about 2 water bottles).
DO NOT empty your bladder before your exam.
A full bladder is essential for better image quality
The Technician preforming the exam will direct you to use the rest room.

TRANSVAGINAL EXAMS:
Have An ***EMPTY BLADDER***

VASCULAR & SMALL PARTS PREPERATION:

No special preparation is necessary.

LOCATION & HOURS:



Location:
3013 El Camino Ave Suite A
Sacramento CA, 95821

Hours:
Monday-Friday
9am-6pm
Saturday 11am-5pm
Sunday: Closed

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