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[www.babyimageultrasound.com](http://www.babyimageultrasound.com)

Patient Name (PRINTED):	DOB:	Today's Date:
Primary Care Physician (PRINTED):	Office Phone:	Office fax:

Ultrasound OB			Ultrasound General			Ultrasound Abdomen		
Check Box	CPT Codes	Description	Check Box	CPT Codes	Description	Check Box	CPT Codes	Description
	76801	Pregnancy (OB) <12 weeks		76830	Transvaginal		76700	Abdomen Complete Ultrasound
	76805	Pregnancy (OB) >12 weeks		76856	Pelvic		76705	Abdomen Limited
	76810	Pregnancy (OB) Twins		76857	Bladder (Pelvic limited)		93975	Abdomen Doppler
	76817	Pregnancy (OB) Transvaginal					76770	Aorta/Renal Retroperitoneal Complete
							76775	Aorta/Renal Retroperitoneal Limited

**Physician Signature is required for Diagnostic services to be rendered**

Physician Signature: \_\_\_\_\_

**Limited Diagnostic Order Form**

We at Baby Image 3D/4D Ultrasound provide our patients with an elective, limited diagnostic ultrasound service. Our highly trained ultrasound Sonographer will provide fetal heart rate, fetal position, placental location and gender determination. Our limited diagnostic ultrasound service does not replace Physician or Health Care Providers ultrasound and will not be billed to patients insurance.

\_\_\_\_\_ 2D Ultrasound (Gender)

\_\_\_\_\_ 3D/4D/HD Live Ultrasound

Additional Comments: \_\_\_\_\_

\_\_\_\_\_ (Physician/Midwife): Is currently under my prenatal care and has / has not received a diagnostic ultrasound. I authorize my patient's request to receive a limited diagnostic ultrasound at BIU.

\_\_\_\_\_ (Medical Director): Patient is under the care of their current physician or health care provider. I authorize the patient to receive a limited diagnostic ultrasound at Baby Image Ultrasound.

\_\_\_\_\_  
Physician /Midwife /Med. Director /Provider Name

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

Our Medical Director is Board Certified and oversees our facility operations to ensure that Baby Image Ultrasound is in compliance with procedural and maintenance guidelines set forth by FDA and Texas Department of State Health Services.