Ultrasound Order

PATIENT INFORMATION

Name: _____ **Date: of Birth** ____/____/____

Email: _____ **Phone:** _____

Diagnosis/History: _____

HIPAA Compliance Disclaimer: All medical information provided will be kept confidential in accordance with HIPAA regulations. This form is used solely for diagnostic referral and scheduling purposes.

Book online at YouKissWeTellUltrasound.com or scan the QR code below.
Payment methods accepted include: Credit Card, Cash, Check.
A Superbill can be provided for self-submission insurance claims.

(920) 840-0536 - PHONE
(262)474-3266 - FAX
YouKissWeTellUltrasound.com
5583 W Waterford Lane
Appleton, WI 54913

✓	CPT	Ultrasound Procedure	Price
	76700	Abdomen (Complete)	$299
	76705	Abdomen (Limited)	$199
	93976	Aorta	$199
	76770	Renal (Complete)	$299
	93975	Renal Artery	$299
	76770	Kidneys or Bladder Only	$199
	93925	Arterial Doppler (Bilateral)	$249
	93926	Arterial Doppler (Unilateral)	$219
	93970	Venous Doppler (Bilateral) With Reflux Study (+$250)	$249
	93971	Venous Doppler (Unilateral) With Reflux Study (+$125)	$219
	93880	Carotid Doppler	$299
	76641+ 76642	Breast (Bilateral)	$249
	76641+ 76642	Breast (Unilateral RT/LT)	$219
	76856+ 76830	Pelvic + Transvaginal	$249
	76830	IVF Follicle Ultrasound	$249
	76830	IVF Follicle Ultrasound (3-Pack)	$649
	76830	IVF Follicle Ultrasound (5-Pack)	$999

✓	CPT	Ultrasound Procedure	Price
	76856	Pelvic Only	$219
	76830 76817	Transvaginal (Non-OB), Transvaginal (OB)	$249
	76801	OB (Limited) (Dating Only)	$199
	76801+ 76817	OB + Transvaginal (<14 Weeks)	$249
	76815	OB Follow-Up	$199
	76805	Fetal Anatomy (18+Weeks)	$329
	76810	Fetal Anatomy (18+ Weeks, Twins)	$429
	76805	Fetal Anatomy (28+ Weeks)	$429
	76810	Fetal Anatomy (28+ Weeks, Twins)	$529
	76815+ 76816+ 76819+ 76820	Biophysical Profile (BPP) / Growth / Fetal Doppler / Follow Up	$219
	76536	Thyroid	$199
	76881+ 76882	Soft Tissue	$199
	76700+ 76641+ 93922+ 76536	Full Body Screening	$399
	76641+ 76642	Breast Screening	$399
	93922+ 93923+ 93925+ 93926	Arterial Screening	$499

Referring Provider Name

Fax Number to Receive Results

Provider Signature **Date**

Provider Phone Number

Cost listed above is all-inclusive.