



MSK ULTRASOUND REFERRAL FORM

Please bring this form with you. We cannot perform any exam without it.

Patient & Referring Physician Details

Patient Name _____ DOB _____ Patient Phone _____

Referring Physician (Print) _____ Physician Phone _____

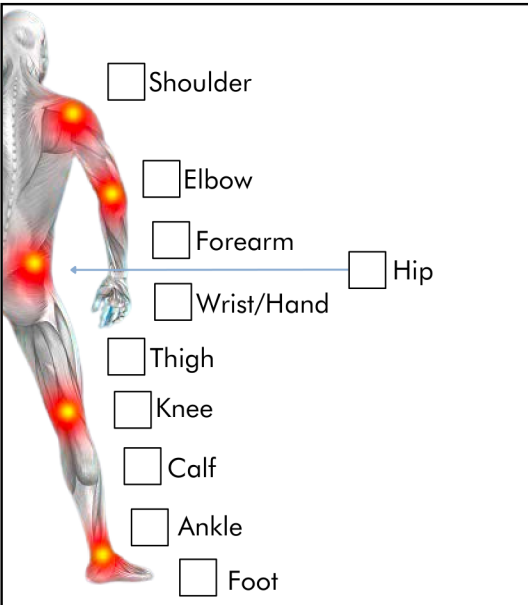
Physician Signature _____ Order Date _____

CC: _____

Clinical Indications / Diagnosis

Must be filled in for exam to be performed:

Special Instructions



Comprehensive Referral: Diagnostic Ultrasound with aspiration/injection if indicated *** (MAY REQUIRE PRIOR AUTHORIZATION)

Diagnostic Ultrasound:
(CPT 76881)

Check all that apply:

Soft Tissue
 Tendon Joint Muscle Nerve
 Other: _____

Side:

Right Left Bilateral

Location:

Lateral Medial Anterior Posterior
 (For hand): Palmar Dorsal Radial Ulnar
 (For feet): Plantar Dorsal

Special Instruction:

| | Procedures | CPT |
|------------------------------|---------------------------------------|-------|
| Aspiration/Injections | Hand/Foot Joints | 20604 |
| | Elbow, Ankle, Wrist | 20606 |
| | Knee, Shoulder, Hip | 20611 |
| | Ganglion Cyst Aspiration Injection | 20612 |
| | Tendon Sheath Injection | 20550 |
| | Irrigation Calcific Tendonopathy | 20611 |
| | Morton Neuroma Alcohol Ablation | 64632 |
| | Tendon Injection | 20551 |
| | Tenotomy (Needle fenestration Tendon) | 24357 |
| | Nerve Injection | 64450 |
| | Muscle/ Soft Tissue Biopsy | 20206 |

Procedures:

*** (May require Prior Authorization) ***

Check all that apply:

Soft Tissue
 Tendon Tendon Sheath Joint Muscle Nerve
 Ganglion Cyst
 Bursa

Special Instruction: _____

Side:

Right Left Bilateral

Location:

Shoulder Elbow Wrist/Hand Hip
 Knee Ankle Foot

Procedures:

Steroid Injection Aspiration
 Morton Ablation Tenotomy
 Irrigation Calcific Tendonopathy
 Tendon Sheath Injection

Imaging Guidance:

Ultrasound Guided (Pasadena, West Covina and Cordova)
 Fluoroscopic Guided (West Covina only)