



Empire Diagnostic Solutions, Inc.

1090 Coney Island Ave, 1st Floor, Brooklyn, NY 11230
Tel: 347-715-4665 · www.edslive.com

91-31 Queens Blvd, Suite C, Elmhurst, NY 11373
(Please take the elevator to the lower level)

PLEASE FAX ALL REQUESTS TO: 877-554-9107

REFERRING PHYSICIAN:		DATE OF SERVICE:	
LAST NAME:		FIRST NAME:	
PATIENT'S ADDRESS:			
PRIMARY INSURANCE:		ID NUMBER:	
SECONDARY INSURANCE:		ID NUMBER:	
DATE OF BIRTH:		SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PATIENT'S PHONE NUMBER:		S.S.#:	

RENAL DOPPLER 93975 <input type="checkbox"/> Abdominal Pain generalized 789.07 <input type="checkbox"/> RUQ 789.01 <input type="checkbox"/> LUQ 789.02 <input type="checkbox"/> RLQ 789.03 <input type="checkbox"/> LLQ 789.04 <input type="checkbox"/> Abdominal aneurysm 441.4 <input type="checkbox"/> Ascites 789.59 <input type="checkbox"/> Hypertension, essential benign 401.1	ECHOCARDIOGRAM COLOR DOPPLER 93306 <input type="checkbox"/> Abnormal EKG 794.31 <input type="checkbox"/> CAD 414.00 <input type="checkbox"/> Cardiomyopathy 425.9 <input type="checkbox"/> Chest pain unspecified 786.50 <input type="checkbox"/> CHF 428.0 <input type="checkbox"/> HCVD 402.90 <input type="checkbox"/> Murmur 785.2 <input type="checkbox"/> Palpitations 785.1 <input type="checkbox"/> Shortness of breath 786.05 <input type="checkbox"/> Valve disorder, unspecified 424.90 LOWER EXTREMITY ARTERIAL 93925/93926 <input type="checkbox"/> Atherosclerosis w/pain walk 440.21 <input type="checkbox"/> Diabetes w/circulatory disorder 250.70 <input type="checkbox"/> Peripheral vascular disease 443.9 <input type="checkbox"/> Other: _____ PVR/ABI Measurements 93922/93923 <input type="checkbox"/> Atherosclerosis w/rest/pain 440.22 <input type="checkbox"/> Diabetes w/circulatory disorder 250.70 <input type="checkbox"/> Peripheral vascular disease 443.9 <input type="checkbox"/> Other: _____ PELVIC ULTRASOUND FEMALE 76856 PELVIC TRANSVAGINAL 76830 <input type="checkbox"/> Irregular menstrual cycle 626.4 <input type="checkbox"/> Menorrhagia 626.2 <input type="checkbox"/> Ovarian Cyst 620.2 <input type="checkbox"/> Pelvic inflammatory disease 614.9 <input type="checkbox"/> Pelvis mass 789.30 <input type="checkbox"/> Post menopausal bleeding 627.1 <input type="checkbox"/> Uterine fibroid 218.9 <input type="checkbox"/> Other: _____ PELVIC ULTRASOUND MALE 76856 <input type="checkbox"/> Epididymis cyst 608.89 <input type="checkbox"/> Orchitis & epididymitis 604.90 <input type="checkbox"/> Prostate hyperplasia 600.00 <input type="checkbox"/> Prostatitis 601.9 <input type="checkbox"/> Scrotal mass 608.89 <input type="checkbox"/> Other: _____ THYROID 76536 <input type="checkbox"/> Cyst 246.2 <input type="checkbox"/> Dysphagia 787.20 <input type="checkbox"/> Enlarged thyroid 240.9 <input type="checkbox"/> Neck mass 784.2 <input type="checkbox"/> Thyroid disorder unspecified 246.9 <input type="checkbox"/> TCH 794.5 <input type="checkbox"/> Other: _____	CAROTID 93880 <input type="checkbox"/> Carotid stenosis 433.10 <input type="checkbox"/> Dizziness 780.4 <input type="checkbox"/> Mass head, neck 784.2 <input type="checkbox"/> Syncope (fainting) 780.2 <input type="checkbox"/> T.I.A. 435.9 <input type="checkbox"/> Other: _____ TRANSCRANIAL DOPPLER 93886 Must be ordered with CAROTID <input type="checkbox"/> Carotid Stenosis 433.10 <input type="checkbox"/> Other: _____ LOWER EXTREMITY VENOUS 93970/93971 <input type="checkbox"/> Edema 782.3 <input type="checkbox"/> Disturbance of skin sensation 782.0 <input type="checkbox"/> DVT 453.40 <input type="checkbox"/> Muscle weakness 728.87 <input type="checkbox"/> Pain in limb 729.5 <input type="checkbox"/> Spinal stenosis 723.0 <input type="checkbox"/> Swelling of limb 729.81 <input type="checkbox"/> Varicose veins w/inflammation 454.1 UPPER NERVE CONDUCTION STUDIES <input type="checkbox"/> Brachial plexopathy 353.0 <input type="checkbox"/> Carpal tunnel 354.0 <input type="checkbox"/> Causalgia upper limb 354.4 <input type="checkbox"/> Diabetic polyneuropathy 357.2 <input type="checkbox"/> Muscle weakness 728.87 <input type="checkbox"/> Numbness and tingling 782.0 <input type="checkbox"/> Pain in limb 729.5 <input type="checkbox"/> Spinal stenosis 723.0 LOWER NERVE CONDUCTION STUDIES <input type="checkbox"/> Lesion plantar nerve 355.6 <input type="checkbox"/> Lesion lateral popliteal nerve 355.3 <input type="checkbox"/> Lesion medial popliteal nerve 355.4 <input type="checkbox"/> Lesion sciatic nerve 355.0 <input type="checkbox"/> Muscle weakness 728.87 <input type="checkbox"/> Numbness and tingling 782.0 <input type="checkbox"/> Pain in limb 729.5 <input type="checkbox"/> Sciatica 724.3 <input type="checkbox"/> Tarsal tunnel 355.5 VNG <input type="checkbox"/> Benign paroxysmal vertigo 386.11 <input type="checkbox"/> Other peripheral vertigo 386.19 <input type="checkbox"/> Peripheral vertigo 386.10 <input type="checkbox"/> Semicircular canal fistula 386.43 <input type="checkbox"/> Vertigo of central origin 386.2
FULL AORTA 93978 <input type="checkbox"/> Abdominal Pain generalized 789.07 <input type="checkbox"/> RUQ 789.01 <input type="checkbox"/> LUQ 789.02 <input type="checkbox"/> RLQ 789.03 <input type="checkbox"/> LLQ 789.04 <input type="checkbox"/> Abdominal aneurysm 441.4 <input type="checkbox"/> Ascites 789.59 <input type="checkbox"/> Hypertension, essential benign 401.1	ABDOMINAL ULTRASOUND 76700 <input type="checkbox"/> Abdominal Pain Unspecified 789.00 <input type="checkbox"/> Abdominal tenderness 789.60 <input type="checkbox"/> Abdominal mass 789.30 <input type="checkbox"/> Cholelithiasis 574.20 <input type="checkbox"/> Cholecystitis 575.10 <input type="checkbox"/> GB Polyps 575.6 <input type="checkbox"/> Heartburn 787.1 <input type="checkbox"/> Hepatomegaly 789.1 <input type="checkbox"/> Liver disease 573.9 <input type="checkbox"/> Loss of weight 783.21 <input type="checkbox"/> Nausea 787.02 <input type="checkbox"/> Vomiting 787.03	RENAL ULTRASOUND 76770 <input type="checkbox"/> Aneurysm renal artery 442.1 <input type="checkbox"/> Calculus of kidney 592.0 <input type="checkbox"/> Hematuria 599.70 <input type="checkbox"/> Hydronephrosis 591 <input type="checkbox"/> Hypertension 401.9 <input type="checkbox"/> Hypertrophy of prostate 600.00 <input type="checkbox"/> Renal cyst 593.2 <input type="checkbox"/> Urinary tract infection 599.0 BLADDER SONO 76775 <input type="checkbox"/> Hematuria 599.70 <input type="checkbox"/> Hypertrophy (benign) of prostate w/urinary obstruction 600.01 <input type="checkbox"/> Stress incontin. female 625.6 <input type="checkbox"/> Urinary incontin. unspecif. 788.30 <input type="checkbox"/> Urinary frequency 788.41 <input type="checkbox"/> Other funct. disorder of bladder 596.5

OTHER DIAGNOSTIC CODES:

I certify that the above ordered tests are medically necessary for this patient.

PHYSICIAN'S SIGNATURE:

