

SECTION 1 — REFERRING PROVIDER

Physician / Provider Name *	NPI Number *	Specialty
Practice / Clinic Name *	Office Phone *	Work Email *

Please send a copy of the report to my practice: Yes No

SECTION 2 — PATIENT INFORMATION

Last Name *	First Name *	Date of Birth (MM/DD/YYYY) *	Sex	
Patient Home Address	City	State	Zip	Phone
Patient Email (for report delivery)	Emergency Contact Name & Phone			

SECTION 3 — STUDIES ORDERED (check all that apply)

<input type="checkbox"/> Echocardiogram (Complete with Doppler) CPT 93306-TC \$397	<input type="checkbox"/> Carotid Duplex Ultrasound (Bilateral) CPT 93880-TC \$397
<input type="checkbox"/> Abdominal Aortic Aneurysm (AAA) Screening CPT 76706 \$397	<input type="checkbox"/> Lower Extremity Venous Duplex (Bilateral) CPT 93970-TC \$397
<input type="checkbox"/> Lower Extremity Arterial Duplex (Bilateral) CPT 93925-TC \$397	<input type="checkbox"/> Renal Arterial Duplex (Bilateral) CPT 93975-TC \$397

Priority: Routine Urgent — please contact patient within 24 hrs

SECTION 4 — CLINICAL INDICATION & ICD-10 CODE(S)

ICD-10 Code #1 *	ICD-10 Code #2	ICD-10 Code #3	ICD-10 Code #4
Clinical Indication / Reason for Study (required — brief narrative)			

SECTION 5 — SCHEDULING PREFERENCE (optional — patient will be contacted to confirm)

Preferred Date / Timeframe	Patient Location for Visit (home address or alternate site)	Access Notes (apt #, gate code, etc.)
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SECTION 6 — ORDERING PROVIDER AUTHORIZATION & SIGNATURE

Authorized Signature (required)	Printed Name	Date Ordered	NPI Number
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HOW TO SUBMIT THIS FORM

1. Complete Sections 1–6 and sign Section 6.
2. Option A: Have patient bring this signed form to their appointment.
3. Option B: Photograph/scan and email to: Emanuel@blackpointdiagnostics.com (HIPAA-compliant transmission)
4. Patient books online at blackpointdiagnostics.com/booking or by calling (207) 409-7797.