

Non-Invasive General Ultrasound Laboratory Order Form

Triad Diagnostic Technologies, LLC 1305 39625 Lewis Drive
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Fax this Form and Patient Demographic Sheet to 248-319-0354

PATIENT: _____
FIRST LAST (PLEASE PRINT)

Phone#: (_____) _____ - _____

HX: _____

Ordering Physician/PA/NP: __Mahmood F. Moosa, MD __Jan Hiser, NP __Rebecca L. Ray, NP

THYROID

Complete 76536 soft tissues of the neck (thyroid, parathyroid, parotid)	
<i>Diagnosis/ ICD.9:</i>	
240.9*	Goiter, unspecified (enlargement of thyroid)
246.2	Cyst of Thyroid
241.9*	Unspecified nontoxic nodular goiter
794.5	Nonspecific abnormal results of the thyroid function studies
784.2	Swelling, Mass., or lump in the head and neck

Other: _____

Referring Physician Signature: _____ Date: ____/____/____

Mahmood F. Moosa, MD

Endocrinology, Diabetes & Metabolism, Endocrine Specialists

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Monroe, MI 48161

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