

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

Indication:

Indication: A focused ultrasound of soft tissue was performed to evaluate for musculoskeletal abnormality including joint effusion, tendon injury, ligament injury, muscle injury, or fractured bone. The ultrasound was performed with the following indications, as noted in the H&P:

- | | |
|---|---|
| <input type="checkbox"/> Soft tissue or bone pain | <input type="checkbox"/> Deformity |
| <input type="checkbox"/> Soft tissue swelling | <input type="checkbox"/> Decreased range of motion |
| <input type="checkbox"/> Soft tissue redness | <input type="checkbox"/> Other clinical symptoms / signs of musculoskeletal pathology as noted in the H&P |
| <input type="checkbox"/> Fever | |

Identified structures:

Location: _____

Findings: Exam of the above structures revealed the following findings:

- | | | | |
|-----------------|---------------------------------|-----------------------------------|---------------|
| Joint effusion: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: | Detail: _____ |
| Tendon injury: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: | Detail: _____ |
| Fractured bone: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: | Detail: _____ |
| Muscle injury: | <input type="checkbox"/> Absent | <input type="checkbox"/> Present: | Detail: _____ |
| Other: | _____ | | |

Impression:

- No sonographic evidence of musculoskeletal abnormality
- Joint effusion: Detail: _____
- Tendon injury: Detail: _____
- Fractured bone: Detail: _____
- Muscle injury: Detail: _____
- Other: _____

Physician signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

CPT: 76882-26