

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

Indication:

Indication: A focused ultrasound of soft tissue was performed to evaluate for cellulitis, abscess, or foreign body. The ultrasound was performed with the following indications, as noted in the H&P:

- Soft tissue pain Fever
 Soft tissue swelling Other indications as noted in the H&P
 Soft tissue redness

Identified structures:

Precise location of the soft tissue evaluation: _____

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

- Abscess: Absent Present: Size (cm): _____
Cellulitis: Absent Present
Other: _____

Impression:

- Normal limited soft tissue ultrasound
 Abscess of soft tissue
 Cellulitis of soft tissue
 Foreign body in soft tissue
 Other: _____

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

CPT Neck: **76536-26**
CPT Upper extremity: **76882-26**
CPT Axilla: **76882-26**
CPT Chest wall: **76604-26**
CPT Breast: **76645-26**
CPT Upper Back: **76604-26**
CPT Lower Back: **76705-26**
CPT Abdominal Wall: **76705-26**
CPT Pelvic Wall: **76857-26**
CPT Lower Extremity: **76882-26**
CPT Other Soft Tissue: **76999-26**