

Patient Owes:



RR Office WL Office

Appt Date: _____

Appt Time: _____

Urodynamic Testing Order

Locations

16040 Park Valley Drive, Suite 112

Round Rock, TX 78681

Phone: (512) 248-2200

Fax: (512) 248-1950

5300 Bee Caves Rd., Bldg. 1, Suite 100

Austin, TX 78746

Phone: (512) 231-1444

Fax: (512) 231-1470

Patient: _____

DOB: _____

Phone: _____

Diagnosis _____

Precautions/Comments _____

- Complex CMG (*CPT codes - 51728, 51797, 51741*)
- Complex CMG with UPP (*CPT codes - 51729, 51797, 51741*)
- Electromyography (*CPT code - 51784*)
- Perform with Video/VCUG (*CPT codes - 74455 & 51600*) *******Video is only scheduled and completed done in our Round Rock office*******

Other Services:

- Pessary fitting
- Intermittent Catheterization Education

Additional Comments: _____

Ordering Physician: _____

Physician's Signature: _____

Date: _____