

Adult Emergency Department
Emergency Ultrasound
Limited Soft Tissue Exam
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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**