

TO BE COMPLETED BY REFERRING PROVIDER

Fax this page to 509-249-5734 • Please return this form to patient after faxing

- STAT/Urgent (Please call 509-249-5735 to schedule)
After-hours Results Phone: _____
- After-hours Results Fax: _____
- Pacific Vascular will contact patient to schedule
- Patient has been scheduled

Patient Name (Last, First M) _____ Date of Birth _____

Appt Date & Time _____ Patient Phone # _____

Insurance _____ Insurance ID# _____

ICD-10 Code(s) _____

Clinical History: Must have a sign, symptom or known diagnosis. No "Rule Out"

Referring Provider Name _____

Referring Provider Phone # _____ Fax # _____

*Referring Provider Signature (Required) _____

SELECT LAB LOCATION (Address Details on Reverse Side)

YAKIMA

3902 Creekside Loop, Suite 105
Yakima, WA 98902
509-249-5735

ELLENSBURG - PART TIME

1206 N Dolarway Rd, Suite 210A
Ellensburg, WA 98926
509-249-5735

SUNNYSIDE - PART TIME

2240 E Lincoln Ave
Sunnyside, WA 98944
509-249-5735

TEST(S) ORDERED – PLEASE CHECK APPROPRIATE BOX(ES)

CEREBROVASCULAR:

- Carotid/Vertebral Duplex + Transcranial Doppler (TCD) - Complete
- Carotid/Vertebral Duplex + TCD prn* - Conditional
(*prn = >50% pre-cerebral stenosis; TIA/CVA symptoms)
- Carotid/Vertebral Duplex Only - Abbreviated
- Subclavian Steal
- Transcranial Doppler Only (TCD)
- TCD Emboli Monitoring Study
Specify: Anterior circulation Posterior circulation
- TCD Head Turn Vertebral Artery Compression
Intra- and extracranial evaluation of posterior circulation
- Temporal Arteritis (Giant Cell Arteritis)
Duplex of temporal, common carotid, axillary & brachial arteries

PERIPHERAL ARTERIAL:

- Lower Extremity *
Physiologic Testing (ABI's and/or DBI's, treadmill)
Duplex: Aortoiliac & femoropopliteal prn
(prn=Abnormal ABI; treadmill not performed)
If applicable: Bypass Graft Stent Specify location: _____
- Customized LEA Orders Specify: Right Left (if applicable)
 Aortoiliac Duplex * LE Duplex LE Duplex w/ABI's
 ABI's Only ABI's Only w/Treadmill
- Upper Extremity
- Pseudoaneurysm Evaluation Specify: Right Left LE UE
- Thoracic Outlet
- Radial Artery Mapping
- Raynaud's Phenomenon Specify: Hands Feet

ABDOMINAL VASCULAR: *

- Renal Artery Celiac/Mesenteric Arteries
- Hepato-Portal Renal/Liver Transplant
- Renal Vein Inferior Vena Cava/Iliac Veins
- Abdominal Aortic Aneurysm Specify Indication:
 Follow-up/Known Endograft Symptomatic Other
 Medicare Screening (Age 65-75 + family hx AAA &/or male smoker)

VENOUS:

Assessment for Venous Thrombosis (DVT)

- Lower Extremity + Iliocaval, Bilateral - Complete
- Lower Extremity - Conditional Bilateral Right Left
(Conditional = bilateral & iliocaval duplex only if DVT or acute SVT in symptomatic leg, abnormal waveforms in CFV, DVT risk factors, or clinical concern for PE)
- Lower Extremity Only - Abbreviated Bilateral Right Left
- Upper Extremity Bilateral Right Left

Assessment for Venous Insufficiency (Reflux)

- Lower Extremity Reflux Specify: Right Left
- Iliocaval Duplex (May-Thurner Syndrome) *

Specialized Venous Evaluations

- Pelvic Congestion/Insufficiency *
Duplex of the Iliocaval, Renal, Ovarian and Uterine Veins
8 hrs fasting; full bladder; OTC anti-gas medication recommended
- Post-Ablation Lower Extremity Duplex Specify: Right Left
- Vein Mapping Duplex Specify: Right Left Upper Lower

DIALYSIS VASCULAR ACCESS SITE:

- Dialysis Access Site Evaluation Specify: Right Left
- Pre-op Dialysis Access Site Specify: Right Left

SCREENING EXAMS: (No clinical signs/symptoms)

- Self-pay
- Carotid Artery Disease Screening
 - Carotid Intima-Media Thickness Screening (CIMT)
 - Abdominal Aortic Aneurysm Screening (Non-Medicare)
 - Peripheral Arterial Disease Screening (ABI only)

Other Request/Info: _____

* Fasting is recommended for this exam. No food or drink 8 hours prior to test to minimize bowel gas. Medications per usual.

* Diabetics eat and medicate per usual, the minimum amount to keep blood sugar stable. If abdominal blood vessel visualization is poor, you may be asked to return at a later date.

Please bring this referral form with you to your appointment

You have been scheduled for a vascular ultrasound evaluation. This test is non-invasive and utilizes ultrasound (sound waves). Date & time of test are on the front of this form. The length of your appointment is 1–2 hours per exam ordered.

* Special Instructions for Fasting Tests (Lower Extremity Arterial & All Abdominal Exams):

Fasting is recommended for this exam. No food or drink 8 hours prior to test to minimize bowel gas. Medications per usual. Diabetics eat and medicate per usual, the minimum amount to keep blood sugar stable. If abdominal blood vessel visualization is poor, you may be asked to return at a later date.

YAKIMA

Creekside Business Park
3902 Creekside Loop, Suite 105
Yakima, WA 98902
509-249-5735



DIRECTIONS FROM HWY 12:

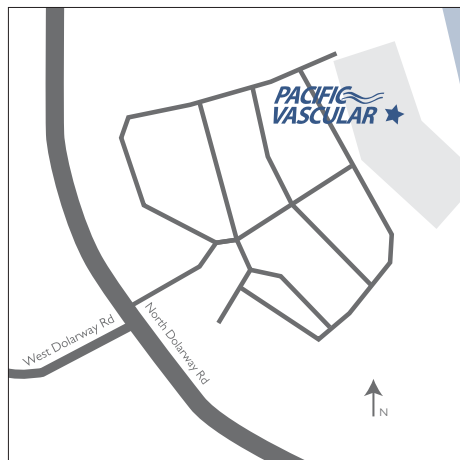
- Take the N 40th Ave/Fruitvale Blvd exit
- Continue onto 40th Ave
- Turn left onto Creekside Loop
- Pacific Vascular - Yakima will be on the right.



For specific lab directions online, visit www.pacificvascular.com

ELLENSBURG - PART TIME

Lake Shore Office Park
1206 N Dolarway Rd, Suite 210A
Ellensburg, WA 98926
509-249-5735



DIRECTIONS FROM I-90

- Take exit 106 for US-97 N toward Wenatchee
- Go east onto US-97 N/W University Way
- At the traffic circle, take the 1st exit onto N Dolarway Rd
- Turn left then proceed to Lake Shore Office Park
- Pacific Vascular – Ellensburg is located on the 2nd floor in Suite 210A

SUNNYSIDE - PART TIME

Same office as Pine Family Medicine
2240 E Lincoln Ave
Sunnyside, WA 98944
509-249-5735



DIRECTIONS FROM I-82 EAST

- Follow I-82 to WA-241 N/Waneta Rd in Sunnyside. Take exit 69 from I-82 E
- Turn left onto WA-241 N/Waneta Rd (signs for Vernite Bridge)
- Turn left onto Yakima Valley Hwy
- Turn left at the first cross street onto E Lincoln Ave
- Pacific Vascular – Sunnyside is on your right, in the same office as Pine Family Medicine

DIRECTIONS FROM I-82 WEST

- Follow I-82 to WA-241 N/Waneta Rd in Sunnyside. Take exit 69 from I-82 W
- Turn right onto WA-241 N/Waneta Rd (signs for Mabton)
- Turn left onto Yakima Valley Hwy
- Turn left at the first cross street onto E Lincoln Ave
- Pacific Vascular - Sunnyside is on your right, in the same office as Pine Family Medicine



Pacific Vascular, Inc.
509-249-5735 • Toll-free in WA: 1-800-282-6516 • Fax 509-249-5734
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