

TO BE COMPLETED BY REFERRING PROVIDER

Please return this form to patient after faxing

STAT/Urgent (Please call the selected lab location to schedule)
Phone/fax for STAT/after-hours results: _____

ICD-10 Code(s) _____

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

Appt Date _____ Appt Time _____

Referring Provider Name _____

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

Referring Provider Phone # _____

Fax # _____

Patient Phone # _____ Insurance _____

*Referring Provider Signature (Required) _____

SELECT LAB LOCATION

Puget Sound Independent Labs

Scheduling: 425-486-8868

Fax: 425-486-8976

- Auburn
- Bothell
- Edmonds
- Federal Way
- Port Townsend
- Renton
- Seattle - Ballard
- Seattle - Cherry Hill
- Seattle - First Hill
- Sequim

Remote Independent Labs

Scheduling/Fax See Below

- Bellingham**
Scheduling: 306-733-8128
Fax: 360-733-5354
- Yakima**
Scheduling: 509-249-5735
Fax: 509-249-5734

Hospital/Clinic Associated Labs

Call Hospital/Clinic to Schedule

- Puyallup - Eterna Vein & Medical Aesthetics**
Scheduling: 253-268-3400
Fax: 253-268-3870
- Seattle - UW Medicine - NW Hospital & Medical Center Cardiac & Vascular Imaging Center**
Scheduling: 206-418-7050
Fax: 206-363-3548
- Everett - Swedish Mill Creek**
Scheduling: 425-357-3800
Fax: 425-357-3801
- Issaquah - Swedish Issaquah**
Scheduling: 425-313-7000
Fax: 425-313-5221
- Redmond - Swedish Redmond**
Scheduling: 206-498-2400
Fax: 206-498-2401

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

CEREBROVASCULAR EVALUATIONS:

- 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
- Transcranial Doppler Only (TCD)
- TCD Emboli Monitoring Study
Specify: Anterior circulation Posterior circulation
- TCD Right to Left Bubble Study (PFO)
IV access needed (Offered at a few locations)
- Temporal Arteritis Duplex
- Head Turn Study
- Carotid Intima-Media Thickness Screening (CIMT)
Self-pay at time of exam
Offered at most locations

ARTERIAL EVALUATIONS:

- 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: _____
- Upper Extremity Duplex
- Pseudoaneurysm Evaluation
Specify: Right Left
- Thoracic Outlet
- Radial Artery Mapping
- TcPO2 (Offered at a few locations)
Specify: Right Left
- Raynaud's Phenomenon
Specify: Hands Feet

VENOUS EVALUATIONS:

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 Duplex
 Bilateral Right Left

Specialized Venous Evaluations

- Lower Extremity Reflux - To test for venous insufficiency
Specify: Right Left
- Pelvic Congestion Syndrome * (NEW EXAM)
(Duplex of the Iliocaval, Ovarian and Uterine Veins)
- Post-Ablation Lower Extremity Duplex
Specify: Right Left
- Vein Mapping Duplex
Specify: Right Left Upper Lower

ABDOMINAL VASCULAR EVALUATIONS: *

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

DIALYSIS VASCULAR ACCESS SITE EVALUATIONS:

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

Other Request/Info: _____

* No Food or Drink 8 hours prior to Test (Fasting) for Lower Extremity Arterial & All Abdominal Vascular Exams (exception for diabetics)

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 - No food or drink (except water with medications) 8 hours prior to the test for lower extremity arterial and all abdominal vascular exams. Diabetics can eat and medicate as usual.

□ AUBURN

One Main Street Professional Plaza
1 E Main St, Suite 120
Auburn, WA 98002
Phone: 425-486-8868
Fax: 425-486-8976

□ BELLINGHAM

3104 Squalicum Pkwy, Suite 102
Bellingham, WA 98225
Phone: 360-733-8128
Fax: 360-733-5354

□ BOTHELL

11714 N Creek Pkwy N, Suite 100
Bothell, WA 98011
Phone: 425-486-8868
Fax: 425-486-8976

□ EDMONDS

Swedish Medical Center Campus
Edmonds Medical Plaza
21616 76th Ave W, Suite 201
Edmonds, WA 98026
Phone: 425-486-8868
Fax: 425-486-8976

□ EVERETT

Swedish Medical Center Mill Creek
Physical Therapy/Cardiovascular Diagnostics
13020 Meridian Ave S, 3rd Floor
Everett, WA 98208
Phone: 425-357-3800
Fax: 425-357-3801

□ FEDERAL WAY

32014 32nd Ave S, Unit B
Federal Way, WA 98001
Phone: 425-486-8868
Fax: 425-486-8976

□ ISSAQUAH

Swedish Medical Center Issaquah
Swedish Testing & Treatment Center
751 NE Blakely Dr, 3rd Floor
Issaquah, WA 98029
Phone: 425-313-7000
Fax: 425-313-5221

□ PORT TOWNSEND

Jefferson Healthcare Hospital
Check in at Radiology
834 Sheridan St
Port Townsend, WA 98368
Phone: 425-486-8868
Fax: 425-486-8976

□ PUYALLUP

Eterna Vein & Medical Aesthetics
1803 S Meridian
Puyallup, WA 98371
Phone: 253-268-3400
Fax: 253-268-3870

□ REDMOND

Swedish Medical Center Redmond
Check in Emergency Room registration desk
18100 NE Union Hill Rd
Redmond, WA 98052
Phone: 425-498-2400
Fax: 425-498-2401

□ RENTON

UW Medicine Valley Medical Center Campus
Medical Arts Center
4033 Talbot Rd S, Suite 300
Phone: 425-486-8868
Fax: 425-486-8976

□ SEATTLE - BALLARD

Swedish Ballard Medical Center
Check in at Women's Imaging, 2nd floor
5300 Tallman Ave NW
Seattle, WA 98107
Phone: 425-486-8868
Fax: 425-486-8976

□ SEATTLE - CHERRY HILL

Swedish Cherry Hill Medical Center Campus
Jefferson Medical Tower
1600 E Jefferson St, Suite 201
Seattle, WA 98122
Phone: 425-486-8868
Fax: 425-486-8976

□ SEATTLE - FIRST HILL

Swedish First Hill Medical Center Campus
Nordstrom Medical Tower
1229 Madison St, Suite 810
Seattle, WA 98104
Phone: 425-486-8868
Fax: 425-486-8976

□ SEATTLE - UW MEDICINE – NW HOSPITAL & MEDICAL CENTER

Cardiac & Vascular Imaging Center
McMurray Medical Building
1536 N 115th St, Suite 200
Seattle, WA 98133
Phone: 206-418-7050
Fax: 206-363-3548

□ SEQUIM

Fifth Avenue Professional Plaza
536 N 5th Ave, Suite B
Sequim, WA 98382
Phone: 425-486-8868
Fax: 425-486-8976

□ YAKIMA

4702 Summitview Ave, Suite 102
Yakima, WA 98908
Phone: 509-249-5735
Fax: 509-249-5734



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



Pacific Vascular, Inc.
425-486-8868 • Toll-free in WA: 1-800-282-6516 • Fax 425-486-8976
info@pacificvascular.com • www.pacificvascular.com