

Vascular Ultrasound Laboratory Referral Form



UW Medicine - Northwest Hospital and Medical Center
Cardiac and Vascular Imaging Center
McMurray Medical Building
1536 N 115th St, Suite 200 • Seattle, WA
Scheduling: 206-418-7050 • Fax: 206-363-3548
Address Details on Reverse Side



TO BE COMPLETED BY REFERRING PROVIDER

**Fax this page to 206-363-3548 • Please return this form to patient after faxing
Attach patient demographics & insurance page to faxed order (Required)**

STAT/Urgent (Call 206-418-7050)

Appt Date

Appt Time

Patient Name (Last, First M)

Date of Birth

Patient Phone #

Insurance

ICD-10 Code (Required)

Referring Provider Name

Referring Provider Phone #

Fax #

*Referring Provider Signature (Required)

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
- Temporal Arteritis Duplex
- Head Turn Study
- TCD Right to Left Bubble Study (PFO) – IV access needed

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
- Pseudoaneurysm Evaluation Specify: Right Left
- Thoracic Outlet
- Radial Artery Mapping
- TcPO2 Specify: Right Left
- Raynaud's Phenomenon Specify: Hands Feet

ABDOMINAL VASCULAR DUPLEX 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
- Aorta/Iliac Arteries Inferior Vena Cava/Iliac Veins

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
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 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)

Revised 12/22/2016

INFORMATION FOR PATIENT AND LABORATORY LOCATION DETAILS ON REVERSE SIDE

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.

UW MEDICINE - NORTHWEST HOSPITAL AND MEDICAL CENTER CARDIAC AND VASCULAR IMAGING CENTER

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Seattle, WA 98133
206-418-7050

Ultrasound services provided by

**PACIFIC
VASCULAR**

Northwest Hospital & Medical Center



DIRECTIONS:

- From I-5, take Northgate Way exit 173
- Turn west on Northgate Way
- At Meridian Ave N, turn right (north)
- Take the first left onto N 115th St
- Entrance to the Northwest Hospital campus will be on the right

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206-418-7050 • Fax 206-363-3548 • www.nwhospital.org • www.pacificvascular.com