

## TO BE COMPLETED BY REFERRING PROVIDER

**Fax this page to 360-733-5354 • Please return this form to patient after faxing**

- STAT/Urgent (Please call 360-733-8128 to schedule)  
Phone/fax for STAT/after-hours results: \_\_\_\_\_
  - Pacific Vascular will contact patient to schedule
  - Patient has been scheduled
- Appt Date \_\_\_\_\_ Appt Time \_\_\_\_\_
- Patient Name (Last, First M) \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Patient Phone # \_\_\_\_\_ Insurance \_\_\_\_\_

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) \_\_\_\_\_

## LABORATORY LOCATION (Address Details on Reverse Side)

**3104 Squalicum Pkwy, Suite 102, Bellingham, WA 98225**

## 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

### 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
- Raynaud's Phenomenon Specify:  Hands  Feet

### ABDOMINAL VASCULAR DUPLEX EVALUATIONS: \*

- Renal Artery  Celiac/Mesenteric Arteries
- Hepato-Portal  Renal/Liver Transplant
- Aorta/Iliac Arteries  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 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

#### Assessment for Venous Insufficiency (Reflux)

- Lower Extremity Reflux - To test for venous insufficiency  
Specify:  Right  Left

#### Specialized Venous Evaluations

- 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

### DIALYSIS VASCULAR ACCESS SITE EVALUATIONS:

- Dialysis Access Site Evaluation
- 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

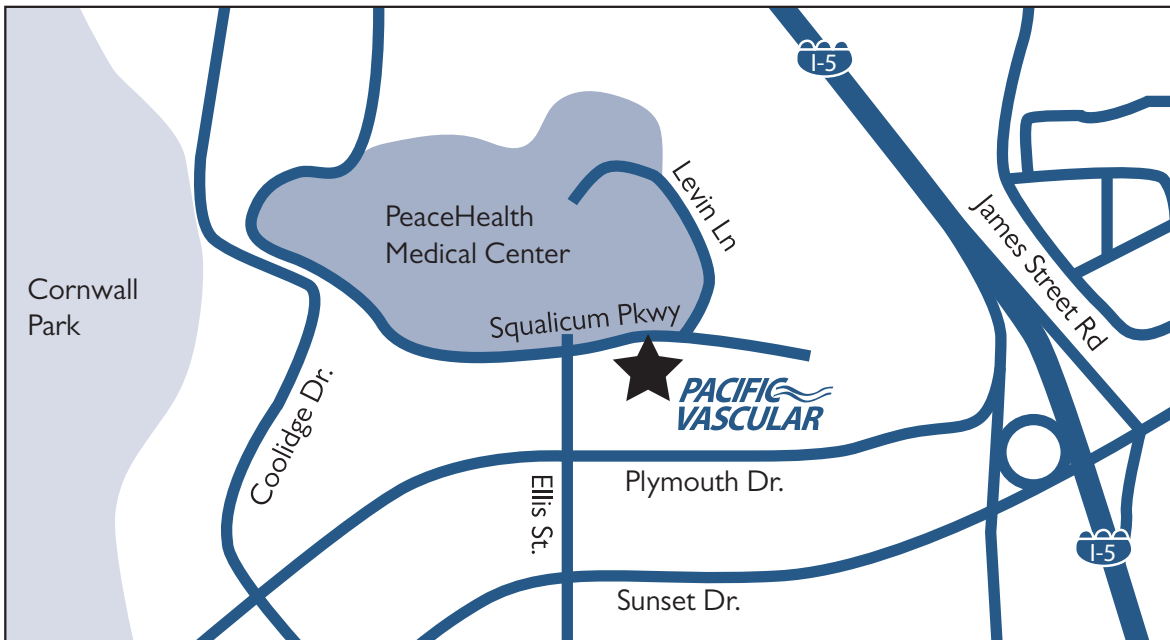
## Please bring this referral form with you to your appointment

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.

### **PACIFIC VASCULAR – BELLINGHAM**

3104 Squalicum Pkwy, Suite 102, Bellingham, WA 98225  
360-733-8128



#### **DIRECTIONS FROM I-5:**

- Take exit 255 WA-542 W/E Sunset Dr
- Turn west on Sunset Dr
- Turn right onto Ellis St
- Take the 2nd right onto Squalicum Pkwy
- Vascular lab is located at the third driveway/parking lot on your right

For specific lab directions online, visit [www.pacificvascular.com](http://www.pacificvascular.com)



Pacific Vascular, Inc.  
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