

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

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) _____

SELECT LAB LOCATION (Address Details on Reverse Side)

YAKIMA - NEW LOCATION

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

ELLENSBURG - MOBILE

100 E Jackson Ave, Suite 200, Ellensburg, WA 98926

SUNNYSIDE - MOBILE

2240 E Lincoln Ave, Sunnyside, WA 98944

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: _____
- Customized LEA Orders
 Aortoiliac Duplex *
 LE Duplex ABI's ABI w/Treadmill
- 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 & ilio caval 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
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

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.

YAKIMA

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



ELLENSBURG - MOBILE

100 E Jackson Ave, Suite 200
Ellensburg, WA 98926
509-249-5735



SUNNYSIDE - MOBILE

2240 E Lincoln Ave
Sunnyside, WA 98944
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.

DIRECTIONS FROM I-90

- Take exit 109 for Canyon Road toward Ellensburg
- Turn north onto Canyon Rd
- Continue onto S Main St
- Turn right onto E Jackson Ave
- Pacific Vascular - Ellensburg is located on the cross streets of E Jackson Ave and S Pearl St, in the same office as Central Hand Therapy, PC in Suite 200

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 of Sunnyside 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 of Sunnyside Family Medicine



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



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