

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)
 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) _____

LABORATORY LOCATION (Address Details on Reverse Side)

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

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 (Giant Cell Arteritis)
 Duplex of temporal, common carotid, subclavian, axillary & brachial arteries
- 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 & 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 - 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)

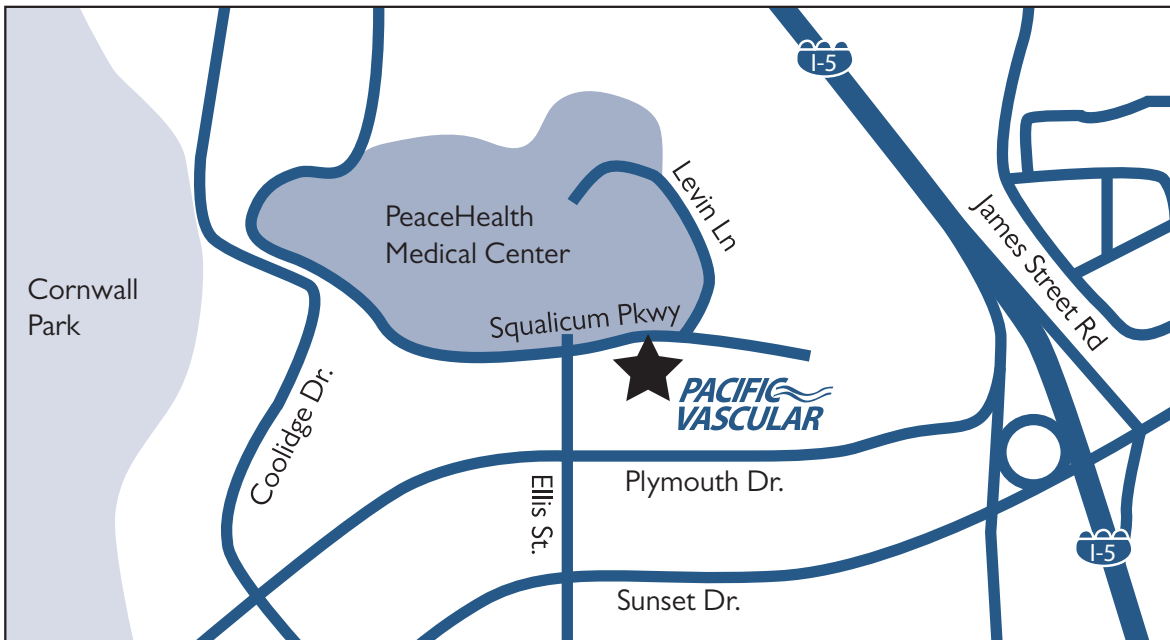
Please bring this referral form with you to your appointment

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.

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



Pacific Vascular, Inc.
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