

TO BE COMPLETED BY REFERRING PROVIDER

Fax this page to 425-486-8976 • Please return this form to patient after faxing

STAT/Urgent (Please call 425-486-8868 or 800-282-6516 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)

PORT TOWNSEND

Jefferson Healthcare Medical Center
834 Sheridan Street
Port Townsend, WA 98368
425-486-8868
Toll-free: 1-800-282-6516

SEQUIM

Fifth Avenue Professional Plaza
536 N 5th Ave, Suite B
Sequim, WA 98382
425-486-8868
Toll-free: 1-800-282-6516

PORT ANGELES - PART TIME

The Specialty Clinic (Lower Level NW Side Entrance)
315 E 8th St
Port Angeles, WA 98362
425-486-8868
Toll-free: 1-800-282-6516

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, 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) **Effective 11/9/2017**

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.

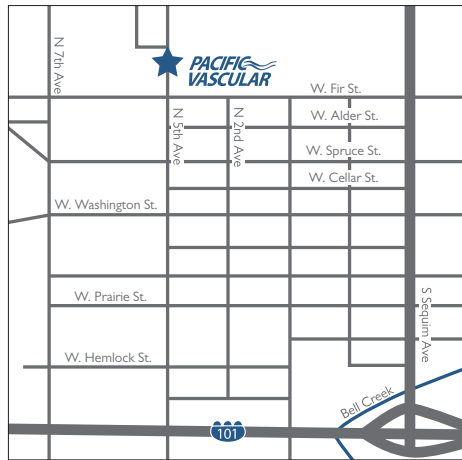
PORT TOWNSEND

Jefferson Healthcare Medical Center
834 Sheridan Street
Port Townsend, WA 98368
425-486-8868
800-282-6516



SEQUIM

Fifth Avenue Professional Plaza
536 N 5th Ave, Suite B
Sequim, WA 98382
425-486-8868
800-282-6516



PORT ANGELES

The Specialty Clinic (Lower Level NW Side Entrance)
315 E 8th Street
Port Angeles, WA 98362
425-486-8868
800-282-6516



DIRECTIONS FROM WA-20:

- From WA-20 headed toward the downtown area of Port Townsend, turn left on to Sheridan Ave and go north for 0.2 miles to the Jefferson Healthcare Medical Center
- Please check in at Main Registration for patient registration

HWY 101 WESTBOUND:

- From Hwy 101 W, take the Sequim Ave exit
- Turn right onto S Sequim Ave for 0.5 miles
- Turn left onto W Spruce St for 0.5 miles
- Turn right onto N 5th Ave for 0.2 miles
- You will see the 5th Avenue Professional Plaza sign on your right.
- Turn right BEFORE (south of) the sign to enter the correct parking lot
- This will be right across the street from St. Luke's church
- Our building is located behind the Plaza directory sign
- Pacific Vascular- Sequim is located on the first floor, in Suite B

HWY 101 EASTBOUND:

- From Hwy 101 E, take the River Rd exit
- Turn left onto River Rd for 0.2 miles
- Turn right onto W Washington St for about 1 mile
- Turn left onto N 5th Ave for 0.3 miles
- You will see the 5th Avenue Professional Plaza sign on your right
- Turn right BEFORE (south of) the sign to enter the correct parking lot
- This will be right across the street from St. Luke's church
- Our building is located behind the Plaza directory sign
- Pacific Vascular - Sequim is located on the first floor, in Suite B

HWY 101 WESTBOUND:

- Hwy 101 turns slightly right into E Front St. Continue for 1.4 miles
- Turn left onto S Peabody St for 0.6 miles
- Turn right onto E 8th St
- Pacific Vascular is located on the right side of E 8th St in between S Peabody St & S Chase St, across the street from Pacific Office Equipment, in the same building as The Specialty Clinic
- Pacific Vascular's entrance is on the lower level NW entrance of The Specialty Clinic's building
- Park on the street or in the back of the building

HWY 101 EASTBOUND:

- Take a slight right onto E Lauridsen Blvd for 0.2 miles
- Turn left onto S Peabody St for 0.4 miles
- Turn left onto E 8th St
- Pacific Vascular is located on the right side of E 8th St in between S Peabody St & S Chase St, across the street from Pacific Office Equipment, in the same building as The Specialty Clinic
- Pacific Vascular's entrance is on the lower level NW entrance of The Specialty Clinic's building
- Park on the street or in the back of the building



For Pacific Vascular's multiple lab locations in the Seattle metropolitan area and eastern Washington, please 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