

## TO BE COMPLETED BY REFERRING PROVIDER

**Please return this form to patient after faxing**

STAT/Urgent (Please call the selected lab location to schedule)

After-hours Results Phone: \_\_\_\_\_

After-hours Results Fax: \_\_\_\_\_

Appt Date & 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

#### **Puget Sound Independent Labs**

**Scheduling: 425-486-8868**

**Fax: 425-486-8976**

- Auburn
- Bothell
- Edmonds
- Everett
- Federal Way
- Kirkland
- Port Angeles
- Port Townsend
- Puyallup - Eterna
- Renton
- Seattle - Ballard
- Seattle - Cherry Hill
- Seattle - First Hill
- Sequim

#### **Remote Independent Labs**

**Scheduling/Fax See Below**

- Bellingham**  
Scheduling: 360-733-8128  
Fax: 360-733-5354
- Yakima, Ellensburg, Sunnyside**  
Scheduling: 509-249-5735  
Fax: 509-249-5734

#### **Hospital/Clinic Associated Labs**

**Call Hospital/Clinic to Schedule**

- Issaquah - VIVAA: Vein, Vascular & Aesthetic Associates**  
Scheduling: 425-250-9999  
Fax: 425-654-5582
- Puyallup - Sound Vascular & Vein**  
Scheduling: 253-874-7107  
Fax: 253-874-1923
- Seattle - UW Medicine Northwest Hospital & Medical Center**  
Scheduling: 206-418-7050  
Fax: 206-363-3548
- Swedish Issaquah**  
Scheduling: 425-313-7000  
Fax: 425-313-5221
- Swedish Mill Creek**  
Scheduling: 425-357-3800  
Fax: 425-357-3801
- Swedish Redmond**  
Scheduling: 425-498-2400  
Fax: 425-498-2401

### 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
- TCD Right to Left Bubble Study (PFO)  
IV access needed (Offered at a few locations)
- 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 graft/stent 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
- TcPO2 (Offered at a few locations)  
Specify:  Right  Left
- Raynaud's Phenomenon Specify:  Hands  Feet

#### **DIALYSIS VASCULAR ACCESS SITE EVALUATIONS:**

- Dialysis Access Site Evaluation
- Pre-op Dialysis Access Site  
Specify:  Right  Left

#### **Other Request/Info:**

\_\_\_\_\_  
\_\_\_\_\_

#### **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
- Iliocaval Duplex (May-Thurner Syndrome) \*

##### **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

#### **ABDOMINAL VASCULAR EVALUATIONS: \***

- Renal Artery  Celiac/Mesenteric Arteries
- Hepato-Portal  Renal/Liver Transplant
- Abdominal Aortic Aneurysm  
Specify Indication:  
 Follow-up/Known  Endograft  Symptomatic  Other  
 Medicare Screening (Age 65-75 + family hx AAA &/or male smoker)

#### **SCREENING EXAMS: (No clinical signs/symptoms)**

- Self-pay; Offered at most locations
- Carotid Artery Disease Screening
- Carotid Intima-Media Thickness Screening (CIMT)
- Abdominal Aortic Aneurysm Screening (Non-Medicare)
- Peripheral Arterial Disease Screening (ABI only)

\* No Food or Drink 8 hours prior to Test (Fasting) for Lower Extremity Arterial & All Abdominal Vascular Exams (exception for diabetics) **Revised 11/14/2017**

**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.

### □ AUBURN

One Main Street Professional Plaza  
1 E Main St, Suite 120  
Auburn, WA 98002  
Phone: 425-486-8868 Fax: 425-486-8976

### □ BELLINGHAM

3104 Squalicum Pkwy, Suite 102  
Bellingham, WA 98225  
Phone: 360-733-8128 Fax: 360-733-5354

### □ BOTHELL

North Creek Business Center  
11714 North Creek Pkwy N, Suite 100  
Bothell, WA 98011  
Phone: 425-486-8868 Fax: 425-486-8976

### □ EDMONDS

Across the street from Swedish Edmonds  
Edmonds Medical Plaza  
21616 76th Ave W, Suite 203  
Edmonds, WA 98026  
Phone: 425-486-8868 Fax: 425-486-8976

### □ ELLENSBURG

Same office as Central Hand Therapy, PC  
100 E Jackson Ave, Suite 200  
Ellensburg, WA 98926  
Phone: 509-249-5735 Fax: 509-249-5734

### □ EVERETT

Integrative Foot & Ankle Centers of WA  
1823 37th St, Suite A  
Everett, WA 98201  
Phone: 425-486-8868 Fax: 425-486-8976

### □ EVERETT - SWEDISH MILL CREEK

Swedish Medical Center Mill Creek  
Physical Therapy/Cardiovascular Diagnostics  
13020 Meridian Ave S, 3rd Floor  
Everett, WA 98208  
Phone: 425-357-3800 Fax: 425-357-3801

### □ FEDERAL WAY

32014 32nd Ave S, Unit B  
Federal Way, WA 98001  
Phone: 425-486-8868 Fax: 425-486-8976

### □ ISSAQUAH - SWEDISH ISSAQUAH

Swedish Medical Center Issaquah  
Swedish Testing & Treatment Center  
751 NE Blakely Dr, 3rd Floor  
Issaquah, WA 98029  
Phone: 425-313-7000  
Fax: 425-313-5221

### □ ISSAQUAH - VIVAA

VIVAA: Vein, Vascular & Aesthetic Associates  
Issaquah Medical Building  
1301 4th Ave NW, Suite 302  
Issaquah, WA 98027  
Phone: 425-250-9999 Fax: 425-654-5582

### □ KIRKLAND

Integrative Foot & Ankle Centers of WA  
13030 121st Way NE, Suite 204  
Kirkland, WA 98034  
Phone: 425-486-8868 Fax: 425-486-8976

### □ PORT ANGELES

Lower level of The Specialty Clinic  
Robert W Craven MD Inc.  
315 E 8th St  
Port Angeles, WA 98362  
Phone: 425-486-8868 Fax: 425-486-8976

### □ PORT TOWNSEND

Jefferson Healthcare Medical Center  
Check in at Main Registration  
834 Sheridan St  
Port Townsend, WA 98368  
Phone: 425-486-8868 Fax: 425-486-8976

### □ PUYALLUP - ETERNA

Eterna Vein & Medical Aesthetics  
1803 S Meridian  
Puyallup, WA 98371  
Phone: 425-486-8868 Fax: 425-486-8976

### □ PUYALLUP - SOUND VASCULAR

Sound Vascular & Vein  
Dahan Medical Building  
(across from Good Samaritan Hospital)  
1420 3rd St SE, Suite 108  
Puyallup, WA 98372  
Scheduling: 253-874-7107 Fax: 253-874-1923

### □ REDMOND - SWEDISH REDMOND

Swedish Medical Center Redmond  
Check in Emergency Room registration desk  
18100 NE Union Hill Rd  
Redmond, WA 98052  
Phone: 425-498-2400 Fax: 425-498-2401

### □ RENTON

UW Medicine Valley Medical Center Campus  
Medical Arts Center  
4033 Talbot Rd S, Suite 300  
Renton, WA 98055  
Phone: 425-486-8868 Fax: 425-486-8976

### □ SEATTLE - BALLARD

Swedish Medical Center Ballard Campus  
Check in at Women's Imaging, 2nd floor  
5300 Tallman Ave NW  
Seattle, WA 98107  
Phone: 425-486-8868 Fax: 425-486-8976

### □ SEATTLE - CHERRY HILL

Swedish Medical Center Cherry Hill Campus  
Jefferson Medical Tower  
1600 E Jefferson St, Suite 201  
Seattle, WA 98122  
Phone: 425-486-8868 Fax: 425-486-8976

### □ SEATTLE - FIRST HILL

Swedish Medical Center First Hill Campus  
Nordstrom Medical Tower  
1229 Madison St, Suite 810  
Seattle, WA 98104  
Phone: 425-486-8868 Fax: 425-486-8976

### □ SEATTLE - UW MEDICINE NORTHWEST HOSPITAL & MEDICAL CENTER

Cardiac & Vascular Imaging Center  
McMurray Medical Building  
1536 N 115th St, Suite 200  
Seattle, WA 98133  
Phone: 206-418-7050 Fax: 206-363-3548

### □ SEQUIM

Fifth Avenue Professional Plaza  
536 N 5th Ave, Suite B  
Sequim, WA 98382  
Phone: 425-486-8868 Fax: 425-486-8976

### □ SUNNYSIDE

Same office as Sunnyside Family Medicine  
2240 E Lincoln Ave  
Sunnyside, WA 98944  
Phone: 509-249-5735 Fax: 509-249-5734

### □ YAKIMA

Creekside Business Park  
3902 Creekside Loop, Suite 105  
Yakima, WA 98902  
Phone: 509-249-5735 Fax: 509-249-5734

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



Pacific Vascular, Inc.  
425-486-8868 • Toll-free in WA: 1-800-282-6516 • Fax 425-486-8976  
[info@pacificvascular.com](mailto:info@pacificvascular.com) • [www.pacificvascular.com](http://www.pacificvascular.com)

