

Vascular Ultrasound Services Referral Form

**Vascular
Ultrasound
Services**

UW Medicine
VALLEY
MEDICAL CENTER

4011 Talbot Rd S, Suite 430
Talbot Professional Center
Renton, WA 98055
Scheduling: 425.690.3525
Fax: 425.690.9525

Address details on reverse side.

IN PARTNERSHIP WITH
**PACIFIC
VASCULAR**

Revised 02/22/2022

TO BE COMPLETED BY REFERRING PROVIDER

**Fax this page to 425.690.9525 • Please return this form to patient after faxing
Attach patient demographics & insurance page to faxed order (Required)**

STAT/Urgent (Call 425.690.3525)

Patient Name (Last, First M)

Date of Birth

Appt Date & Time

Patient Phone #

Insurance

Insurance ID#

ICD-10 Code (Required)

Referring Provider Name

Referring Provider Phone #

Fax #

*Referring Provider Signature (Required)

TEST(S) ORDERED – PLEASE CHECK APPROPRIATE BOX(ES)

CEREBROVASCULAR:

- 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*
- Subclavian Steal
- Transcranial Doppler Only (TCD)
- TCD Emboli Monitoring Study
Specify: Anterior circulation Posterior circulation
- TCD Bubble Study for PFO
Right-to-left cardiac shunt detection; IV access needed
- TCD Head Turn Vertebral Artery Compression
Intra- and extracranial evaluation of posterior circulation
- TCD CO₂ Challenge for Vasomotor Reactivity
- Temporal Arteritis (*Giant Cell Arteritis*)
Duplex of temporal, common carotid, axillary & brachial arteries

PERIPHERAL ARTERIAL:

- 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 Specify: Right Left (if applicable)
 Aortoiliac Duplex * LE Duplex LE Duplex w/ABI's
 ABI's Only ABI's Only w/Treadmill
- Upper Extremity
- Pseudoaneurysm Evaluation Specify: Right Left LE UE
- Thoracic Outlet
- Radial Artery Mapping
- TcPO₂ Specify: Right Left
- Raynaud's Phenomenon Specify: Hands Feet

DIALYSIS VASCULAR ACCESS SITE:

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

VENOUS:

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 Specify: Right Left
- Iliocaval Duplex (May-Thurner Syndrome) *

Specialized Venous Evaluations

- Pelvic Congestion/Insufficiency *
Duplex of the Iliocaval, Renal, 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: *

- Renal Artery Celiac/Mesenteric Arteries
- Hepato-Portal Renal/Liver Transplant
- Renal Vein 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)

Other Request/Info:

- * Fasting is recommended for this exam. No food or drink 8 hours prior to test to minimize bowel gas. Medications per usual.
- * Diabetics eat and medicate per usual, the minimum amount to keep blood sugar stable. If abdominal blood vessel visualization is poor, you may be asked to return at a later date.

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 (Lower Extremity Arterial & All Abdominal Exams):**

Fasting is recommended for this exam. No food or drink 8 hours prior to test to minimize bowel gas. Medications per usual. Diabetics eat and medicate per usual, the minimum amount to keep blood sugar stable. If abdominal blood vessel visualization is poor, you may be asked to return at a later date.

Vascular Ultrasound Services

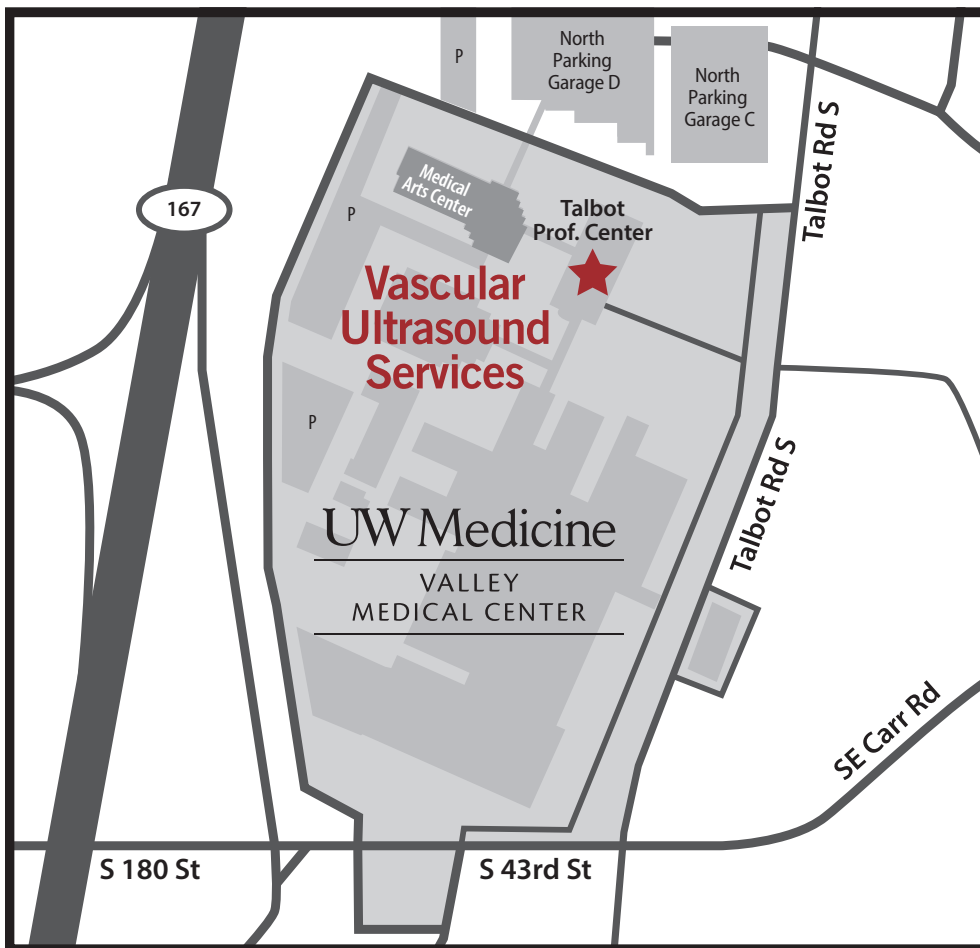
UW Medicine

VALLEY
MEDICAL CENTER

4011 Talbot Rd S, Suite 430
Talbot Professional Center
Renton, WA 98055
Scheduling: 425.690.3525
Fax: 425.690.9525

IN PARTNERSHIP WITH

PACIFIC
VASCULAR



DIRECTIONS:

From I-405 Southbound

- Take exit 3 from I-405 for WA-515/Talbot Rd S
- Turn right onto S 21st St and continue onto Talbot Rd S
- Turn right into UW Medicine | Valley Medical Center
- Look for Talbot Professional Center building near the back of the hospital campus. Park in Garage D.
- From the 3rd floor parking garage, take skybridge into Medical Arts Center building, then turn left into **Talbot Professional Center**. Take the elevator to the 4th floor
- **Valley Vascular Ultrasound Services** is located in Suite 430

From I-405 Northbound

- Take the E Valley Rd Exit from WA-167 S
- Use the left 2 lanes to turn left onto E Rainier Ave S/E Valley Rd
- Turn left onto SW 43rd St
- Turn left onto Talbot Rd S
- Turn left into UW Medicine | Valley Medical Center
- Look for Talbot Professional Center building near the back of the hospital campus. Park in Garage D.
- From the 3rd floor parking garage, take skybridge into Medical Arts Center building, then turn left into **Talbot Professional Center**. Take the elevator to the 4th floor
- **Valley Vascular Ultrasound Services** is located in Suite 43

UW Medicine | Valley Medical Center
Vascular Ultrasound Services

425.690.3525 • Fax 425.690.9525
www.valleymed.org • www.pacificvascular.com