

## 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

Patient Name (Last, First M) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Appt Date & Time \_\_\_\_\_ Patient Phone # \_\_\_\_\_

Insurance \_\_\_\_\_ Insurance ID# \_\_\_\_\_

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 - New Address

Fifth Avenue Plaza  
568 N 5th Avenue  
Sequim, WA 98382  
425-486-8868 Toll-free: 1-800-282-6516

### PORT ANGELES

315 E 8th Street  
Lower Level NW Side Entrance  
Port Angeles, WA 98362  
425-486-8868 Toll-free: 1-800-282-6516

## 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 Head Turn Vertebral Artery Compression  
Intra- and extracranial evaluation of posterior circulation

Temporal Arteritis (*Giant Cell Arteritis*)  
Duplex of temporal, common carotid, axillary & brachial arteries

Head Turn Study

### 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 Specify:  Right  Left

Upper Extremity

Pseudoaneurysm Evaluation Specify:  Right  Left  LE  UE

Thoracic Outlet

Radial Artery Mapping

Raynaud's Phenomenon Specify:  Hands  Feet

### 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)

### 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, 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:

Dialysis Access Site Evaluation Specify:  Right  Left

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: \_\_\_\_\_

\* 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. If abdominal blood vessel visualization is poor, you may be asked to return at a later date.

## 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. If abdominal blood vessel visualization is poor, you may be asked to return at a later date.

## PORT TOWNSEND

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



For Pacific Vascular's multiple lab locations in the Seattle metropolitan area and eastern Washington, please visit [www.pacificvascular.com](http://www.pacificvascular.com)

## SEQUIM - New Address

Fifth Avenue Plaza  
568 N 5th Avenue  
Sequim, WA 98382  
425-486-8868 or 800-282-6516



### HWY 101 WESTBOUND:

- From Hwy 101 W, take the exit toward Sequim Ave/City Center
- 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
- Turn right into the Fifth Ave Plaza parking lot (if you pass the YMCA, you have gone too far north)
- Pacific Vascular is located in the northwest building of Fifth Avenue Plaza in Suite 568

### 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
- Turn right into the Fifth Ave Plaza parking lot (if you pass the YMCA, you have gone too far north)
- Pacific Vascular is located in the northwest building of Fifth Avenue Plaza in Suite 568

## PORT ANGELES

315 E 8th Street  
Lower Level NW Side Entrance  
Port Angeles, WA 98362  
425-486-8868 or 800-282-6516



### 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
- Pacific Vascular is located in the lower level NW building entrance
- 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
- Pacific Vascular is located in the lower level NW building entrance
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Pacific Vascular, Inc.  
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