

**Vascular  
Ultrasound  
Services**

**UW Medicine**

VALLEY  
MEDICAL CENTER

4033 Talbot Rd S, Suite 300  
Medical Arts Center  
Renton, WA 98055  
Scheduling: 425.690.3525  
Fax: 425.690.9525

IN PARTNERSHIP WITH

**PACIFIC  
VASCULAR**

Revised 04/15/2020

**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)	

**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 CO<sub>2</sub> 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
- TcPO<sub>2</sub> 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:**

- 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
- Lower Extremity Reflux Specify:  Right  Left
- Iliocaval Duplex (May-Thurner Syndrome)
- 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. If abdominal blood vessel visualization is poor, you may be asked to return at a later date.*

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.

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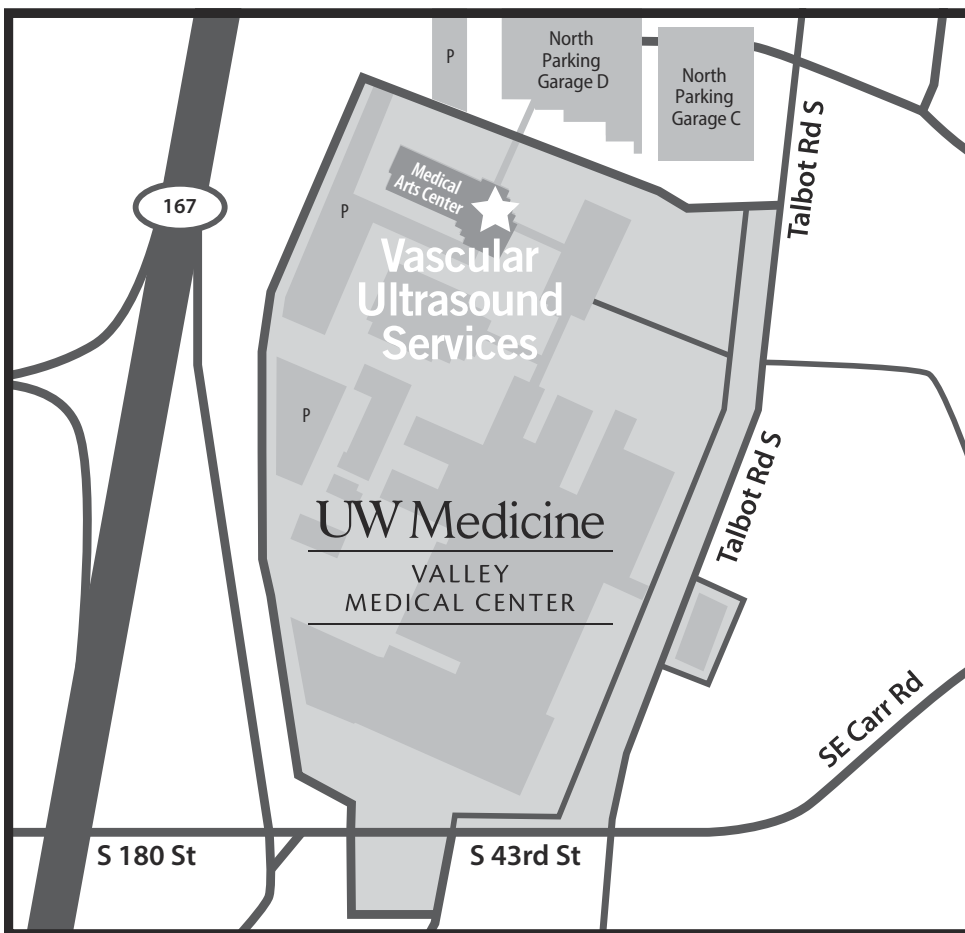
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**DIRECTIONS:**

- From I-405 take SR-167 heading south.
- Take the SW 41st exit and turn left off the exit on to East Valley Rd.
- Travel quarter mile south on East Valley Rd. and turn left on to 43rd/180th St.
- Proceed up the hill over the freeway.
- Turn left on to Talbot Road.
- Turn left in to third drive way. Look for **Medical Arts Center** building near the back of the hospital campus. Park in the north Parking Garage D. If Garage D is full, park in Garage C.
- From the 3rd floor of Parking Garage D, take skybridge into Medical Arts Center building.
- **Vascular Ultrasound Services** is located two doors left of the Espresso Bar.