

Vascular Ultrasound Laboratory Referral Form

UW Medicine

UNIVERSITY OF WASHINGTON
MEDICAL CENTER

VASCULAR CENTER

Vascular Center at UW Medical Center - Northwest

Medical Office Building

1560 N 115th St, Suite 106 · Seattle, WA

Seattle, WA 98133

Scheduling: 206-668-8383 · Fax: 206-668-8399

Address Details on Reverse Side

Ultrasound services provided by

**PACIFIC
VASCULAR**

Revised 2/15/2022

TO BE COMPLETED BY REFERRING PROVIDER

**Fax this page to 206-668-8399 • Please return this form to patient after faxing
Attach patient demographics & insurance page to faxed order (Required)**

☐ STAT/Urgent (Call 206-668-8383)

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 & 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 ☐ 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

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.

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DIRECTIONS:

- From I-5, take Northgate Way exit 173
- Turn west on Northgate Way
- At Meridian Ave N, turn right (north)
- Take the first left onto N 115th St
- Entrance to the UW MEDICAL CENTER - NORTHWEST will be on the right
- Vascular Center is located in the Medical Office Building, Suite 106.
- Parking is available in lot A

VASCULAR CENTER AT UW MEDICAL CENTER - NORTHWEST