

# 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 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:

#### 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.

## VASCULAR CENTER AT UW MEDICAL CENTER - NORTHWEST

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### UW MEDICAL CENTER - NORTHWEST



#### 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