

TO BE COMPLETED BY REFERRING PROVIDER

Fax this page to 425-486-8976 or to specific Clinic/Hospital | Return this form to patient after faxing

STAT/Urgent (Please call the selected lab location to schedule)
 After-hours Results Phone: _____
 After-hours Results Fax: _____

Patient Name (Last, First M) _____ Date of Birth _____

Appt Date & Time _____ Patient Phone # _____

Insurance _____ Insurance ID# _____

ICD-10 Code(s) _____

Reason for Exam: _____

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* (93880, 93886)
- Carotid/Vertebral Duplex + TCD prn* - *Conditional* (*prn = >50% pre-cerebral stenosis; TIA/CVA symptoms) (93880, 93886)
- Carotid/Vertebral Duplex Only - *Abbreviated* (93880)
- Subclavian Steal (93882, 93888)
- Transcranial Doppler Only (TCD) (93886)
- TCD Emboli Monitoring Study (93892)
Specify: Anterior circulation Posterior circulation
- TCD Bubble Study for PFO (93893)
Right-to-left cardiac shunt detection IV access needed;
Offered at a few locations
- TCD Head Turn Vertebral Artery Compression Intra- and extracranial evaluation of posterior circulation (93882,93888)
- TCD Complete with CO₂ Challenge for Vasomotor Reactivity
Offered at a few locations (93886, 93896)
- Temporal Arteritis (Giant Cell Arteritis) (93880, 93930)
Duplex of temporal, common carotid, axillary & brachial arteries

PERIPHERAL ARTERIAL:

- Lower Extremity *
Physiologic Testing: ABI's and/or DBI's, treadmill (93924)
Duplex: Aortoiliac & femoropopliteal prn (93925/93926, 93978)
(prn=Abnormal ABI; treadmill not performed)
If applicable: Bypass Graft Stent
Specify graft/stent location: _____
- Customized LEA Orders: Specify Right Left (if applicable)
 Aortoiliac Duplex (93978) * LE Duplex (93925, 93926)
 LE Duplex w/ABI's (93922, 93925/93926)
 ABI's Only (93922) ABI's Only w/Treadmill (93924)
- Upper Extremity (93930/93931, 93923/93922)
- Pseudoaneurysm Evaluation
Specify: Right Left LE UE (93926/93931, 93971)
- Thoracic Outlet (93931, 93923)
- Radial Artery Mapping (93930/93931, 93923/93922)
- TcPO₂ (Offered at a few locations) Specify: Right Left (93922/93923)
- Raynaud's Phenomenon (93923) Specify: Hands Feet

DIALYSIS VASCULAR ACCESS SITE:

- Dialysis Access Site Evaluation Specify: Right Left (93990)
- Pre-op Dialysis Access Site Specify: Right Left (93985, 93986)

VENOUS:

Assessment for Venous Thrombosis (DVT)

- Lower Extremity + Iliocaval, Bilateral - *Complete* (93970/93971, 93978)
- Lower Extremity - *Conditional*
 Bilateral Right Left (93970/93971, 93978)
(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 (93970/93971)
- Upper Extremity Duplex Specify: Upper Extremity & Central Veins
 Bilateral Right Left (93970/93971)
 Central Veins Only (93971)

Assessment for Venous Insufficiency (Reflux)

- Lower Extremity Reflux Specify: Right Left (93970/93971)
- Iliocaval Duplex (93978) *

Specialized Venous Evaluations

- Pelvic Congestion/Insufficiency * (93978)
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 (93971/93970)
- Vein Mapping Duplex Specify: Right Left LE UE (93970/93971)

ABDOMINAL VASCULAR *

- Renal Artery (93975) Renal Vein (93975) Hepato-Portal (93975)
- Celiac/Mesenteric Arteries (93975) Renal/Liver Transplant (93975)
- Abdominal Aortic Aneurysm (93978) (Specify Indication)
 Follow-up/Known Endograft Symptomatic Other
 Medicare Screening (Age 65-75 + family hx AAA &/or male smoker) (76706)

SCREENING EXAMS: (No clinical signs/symptoms)

- Self-pay; Offered at most locations
- Carotid Artery Disease Screening (93882)
 - Carotid Intima-Media Thickness Screening (CIMT) (93895)
 - Abdominal Aortic Aneurysm Screening (Non-Medicare) (76706)
 - Peripheral Arterial Disease Screening (ABI only) (93922)

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.

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.

SELECT LAB LOCATION

Puget Sound Independent Labs

NPI: 1750436945

Phone: 425-486-8868

Fax: 425-486-8976

AUBURN

One Main Street Professional Plaza
1 E Main St, Suite 120
Auburn, WA 98002

BOTHELL

North Creek Business Center
11714 North Creek Pkwy N, Suite 100
Bothell, WA 98011

EDMONDS

Across the street from Swedish Edmonds
Edmonds Medical Plaza
21616 76th Ave W, Suite 203
Edmonds, WA 98026

PORT ANGELES

112 South Del Guzzi Drive, Suite 2
Port Angeles, WA 98362

PORT TOWNSEND

Jefferson Healthcare Medical Center
Check in at Main Registration
834 Sheridan St
Port Townsend, WA 98368

SEATTLE-BALLARD

Swedish Medical Center Ballard
Registration at Swedish Ballard Breast Center,
5300 Tallman Ave NW, 2nd Floor
Seattle, WA 98107

SEATTLE-CHERRY HILL

Swedish Medical Center Cherry Hill Campus
Jefferson Medical Tower
1600 E Jefferson St, Suite 201
Seattle, WA 98122

SEATTLE-FIRST HILL

Swedish Medical Center First Hill Campus
Nordstrom Medical Tower
1229 Madison St, Suite 810
Seattle, WA 98104

SEQUIM

Fifth Avenue Professional Plaza
568 N 5th Ave
Sequim, WA 98382

Hospital/Clinic Associated Labs

Scheduling/Fax See Below

FEDERAL WAY-SOUND VASCULAR

32014 32nd Ave S, Unit B
Federal Way, WA 98001
Entrance is located at the back of the building
Phone: 253-874-7107 Fax: 253-874-1923

BELLEVUE-VIVAA

1900 Building
1900 116th Ave NE #201
Bellevue, WA 98004
Phone: 425-250-9999 Fax: 425-654-5582

ISSAQUAH-VIVAA

VIVAA: Vein, Vascular & Aesthetic Associates
Issaquah Medical Building
1301 4th Ave NW, Suite 302
Issaquah, WA 98027
Phone: 425-250-9999 Fax: 425-654-5582

ISSAQUAH-SWEDISH ISSAQUAH

Swedish Medical Center Issaquah
Swedish Testing & Treatment Center
751 NE Blakely Dr, 3rd Floor
Issaquah, WA 98029
Phone: 425-313-7000 Fax: 425-313-5221

**RENTON-UW MEDICINE VALLEY
MEDICAL CENTER**

Vascular Ultrasound Services
Talbot Professional Center
4011 Talbot Rd S, Suite 430
Renton, WA 98055
Phone: 425-690-3525 Fax: 425-690-9525

**SEATTLE-UW MEDICAL CENTER,
NORTHWEST CAMPUS**

Vascular Center
Medical Office Building
1560 N 115th St, Suite 106
Seattle, WA 98133
Phone: 206-668-8383 Fax: 206-668-8399

Remote Independent Labs

Scheduling/Fax See Below

NPI: 1750436945

BELLINGHAM

3104 Squalicum Pkwy, Suite 102
Bellingham, WA 98225
Phone: 360-733-8128 Fax: 360-733-5354

YAKIMA

Creekside Business Park
3902 Creekside Loop, Suite 105
Yakima, WA 98902
Phone: 509-249-5735 Fax: 509-249-5734

**PACIFIC
VASCULAR**

Pacific Vascular, Inc.
425-486-8868

Toll-free in WA: 1-800-282-6516

Fax 425-486-8976

info@pacificvascular.com

www.pacificvascular.com

**For specific lab
directions online, visit
pacificvascular.com**

