

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

PORT ANGELES - New Address
 112 South Del Guzzi Drive
 Suite 2
 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 (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 Head Turn Vertebral Artery Compression
 Intra- and extracranial evaluation of posterior circulation (93882, 93888)
- 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 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) Specify: Right Left
- Upper Extremity (93930/93931, 93923/93922)
- Pseudoaneurysm Evaluation (93926/93931, 93971)
 Specify: Right Left LE UE
- Thoracic Outlet (93931, 93923)
- Radial Artery Mapping (93930/93931, 93923/93922)
- Raynaud's Phenomenon (93923) Specify: Hands Feet

ABDOMINAL VASCULAR: *

- Renal Artery (93975) Celiac/Mesenteric Arteries (93975)
- Hepato-Portal (93975) Renal/Liver Transplant (93975)
- Renal Vein (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)

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, Ovarian and Uterine Veins 8 hrs fasting; full bladder;
 OTC anti-gas medication recommended
- Post-Ablation Lower Extremity Duplex (93971/93970) Specify: Right Left
- Vein Mapping Duplex (93970/93971) Specify: Right Left Upper Lower

DIALYSIS VASCULAR ACCESS SITE:

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

SCREENING EXAMS: (No clinical signs/symptoms)

- Self-pay
- 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

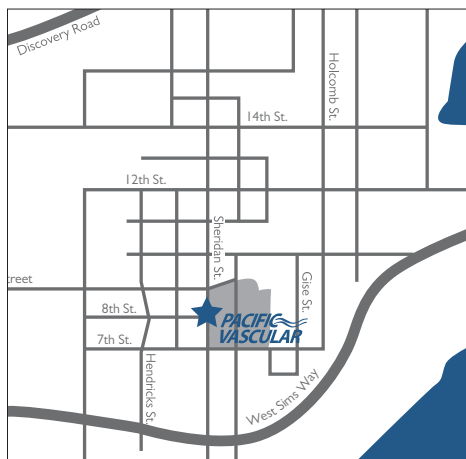
You have been scheduled for a vascular ultrasound evaluation. This test is non-invasive and utilizes ultrasound (sound waves). Date & time of test are on the front of this form. The length of your appointment is 1–2 hours per exam ordered.

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

PORT TOWNSEND

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834 Sheridan Street
Port Townsend, WA 98368
425-486-8868 or 800-282-6516



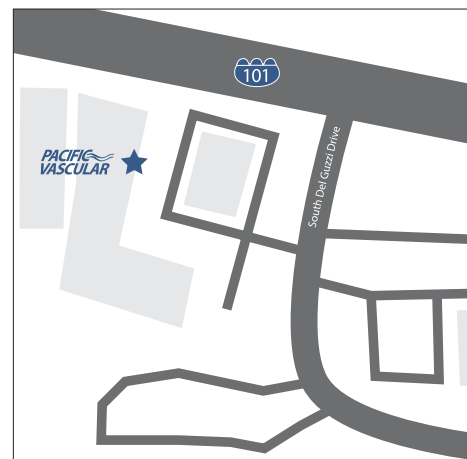
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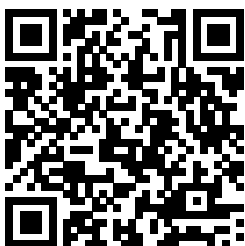
PORT ANGELES - New Address

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

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

FROM US-101 W/E HWY 101:

- Follow US-101 W/E to S Del Guzzi Dr in Port Angeles
- Turn south onto S Del Guzzi Dr. (at the traffic light)
- Turn right into first driveway to Olympic Plaza (same entrance as Jimmy John's Sandwich)
- Pacific Vascular is located in Suite 2 (next door to AT&T)
- Pacific Vascular has a reserved & marked parking spot for patients in front of the lab.



Pacific Vascular, Inc.
425-486-8868 • Toll-free in WA: 1-800-282-6516 • Fax 425-486-8976
info@pacificvascular.com • www.pacificvascular.com