

TO BE COMPLETED BY REFERRING PROVIDER

Fax this page to 360-733-5354 • 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"

Authorization # & Date

Referring Provider Name

Referring Provider Phone # Fax #

*Referring Provider Signature (Required)

LABORATORY LOCATION (Address Details on Reverse Side)

3104 Squalicum Pkwy, Suite 102, Bellingham, WA 98225
360-733-8128

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

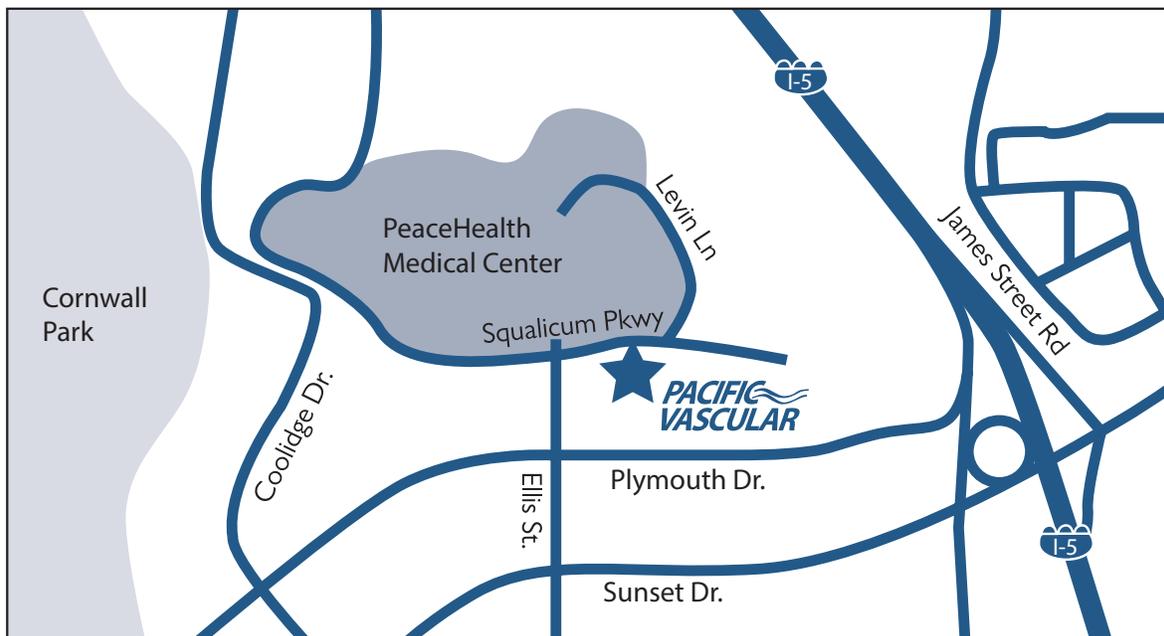
You have been scheduled for a vascular ultrasound evaluation.
This test is non-invasive and utilizes ultrasound (sound waves). Date & time of test are on the front of this form.
The length of your appointment is 1–2 hours per exam ordered.

*** 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.

PACIFIC VASCULAR – BELLINGHAM

3104 Squalicum Pkwy, Suite 102, Bellingham, WA 98225
360-733-8128



DIRECTIONS FROM I-5:

- Take exit 255 WA-542 W/E Sunset Dr
- Turn west on Sunset Dr
- Turn right onto Ellis St
- Take the 2nd right onto Squalicum Pkwy
- Vascular lab is located at the third driveway/parking lot on your right

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



Pacific Vascular, Inc.
360-733-8128 • Toll-free in WA: 1-800-282-6516 • Fax 360-733-5354
info@pacificvascular.com • www.pacificvascular.com

