

## 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: \_\_\_\_\_

**Authorization # & Date** \_\_\_\_\_

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 CO<sub>2</sub> 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)
- TcPO<sub>2</sub> (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 & 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 (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 LUDLOW**

117 Village Way  
Port Ludlow, WA 98365

**PORT TOWNSEND**

Jefferson Healthcare Medical Center  
834 Sheridan St (Check in at Main Registration)  
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

**TRIOS CARE CENTER SOUTHRIDGE**

3730 Plaza Way, 4th Floor  
Kennewick, WA 99338  
Phone: 509-221-6109 Fax: 509-221-6120

#### 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

**ELLENSBURG – PART TIME**

1206 N Dolarway Rd, Suite 210A  
Ellensburg, WA 98926

**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**

