

## 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"  
 Authorization # & Date \_\_\_\_\_  
 Referring Provider Name \_\_\_\_\_  
 Referring Provider Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 \*Referring Provider Signature (Required) \_\_\_\_\_

## SELECT LAB LOCATION (Address Details on Reverse Side)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> <b>PORT LUDLOW</b><br>117 Village Way<br>Port Ludlow, WA 98365<br>425-486-8868 Toll-free: 1-800-282-6516 | <input type="checkbox"/> <b>PORT TOWNSEND</b><br>Jefferson Healthcare Medical Center<br>834 Sheridan Street<br>Port Townsend, WA 98368<br>425-486-8868 Toll-free: 1-800-282-6516 | <input type="checkbox"/> <b>SEQUIM</b><br>Fifth Avenue Plaza<br>568 N 5th Avenue<br>Sequim, WA 98382<br>425-486-8868 Toll-free: 1-800-282-6516 | <input type="checkbox"/> <b>PORT ANGELES</b> - New Address<br>112 South Del Guzzi Drive<br>Suite 2<br>Port Angeles, WA 98362<br>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.

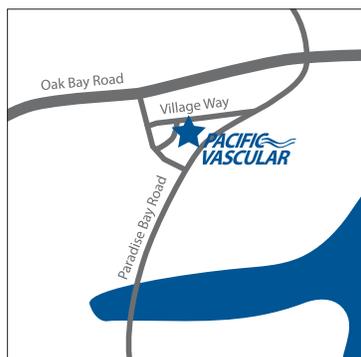
## \* Special Instructions for Fasting Tests (Lower Extremity Arterial & All Abdominal Exams):

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 LUDLOW

117 Village Way  
Port Ludlow, WA 98365  
425-486-8868 or 800-282-6516



### PORT TOWNSEND

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



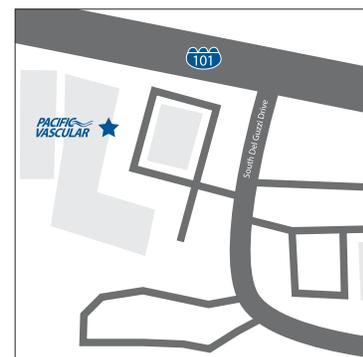
### SEQUIM

Fifth Avenue Plaza  
568 N 5th Avenue  
Sequim, WA 98382  
425-486-8868 or 800-282-6516



### 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-19 S:

- From WA-19 S/Beaver Valley Rd
- Turn left onto Oak Bay Rd
- Turn right onto Breaker Lane
- Turn left onto Village Way

#### DIRECTIONS FROM WA-104 E:

- Follow WA-104 E to WA-19/Beaver Valley Rd
- At the traffic circle, take the 2nd exit onto WA-19/Beaver Valley Rd
- Turn right onto Oak Bay Rd
- Turn right onto Breaker Ln
- Turn left onto Village Way

#### DIRECTIONS FROM WA-104 W (FROM THE HOOD CANAL BRIDGE):

- At the traffic circle, take the 1st exit onto Paradise Bay Rd
- Continue onto Paradise Bay Rd
- Turn left onto Breaker Ln
- Turn right toward Village Way
- Turn right onto Village Way

#### 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

#### 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.



For Pacific Vascular's multiple lab locations in the Seattle metropolitan area and eastern Washington, please visit [www.pacificvascular.com](http://www.pacificvascular.com)



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