

TO BE COMPLETED BY REFERRING PROVIDER**Fax this page to 509-249-5734 • Please return this form to patient after faxing**☐ STAT/Urgent (Please call 425-486-8868 or 800-282-6516 to schedule)

After-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)☐ **YAKIMA**Creskide Business Park
3902 Creskide Loop, Suite 105
Yakima, WA 98902
509-249-5735☐ **ELLENSBURG** - part timeLake Shore Office Park
1206 N Dolarway Rd, Suite 210A
Ellensburg, WA 98926
509-249-5735☐ **KENNEWICK**Kennewick Square
3321 W. Kennewick Ave, Suite 230
Kennewick, WA 99336
509-249-5735**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)☐ 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 & 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, 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

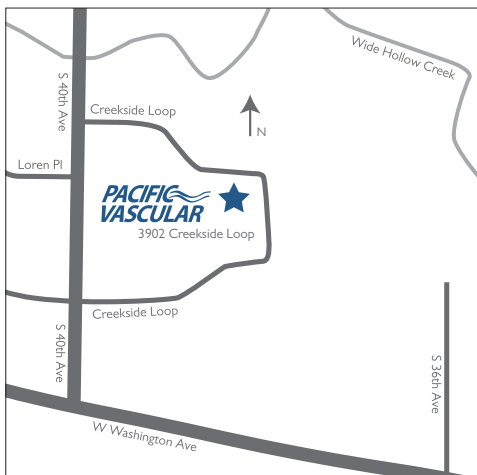
You have been scheduled for a vascular ultrasound evaluation.
This test is non-invasive and utilizes ultrasound (sound waves). Date & time of test are on the front of this form.
The length of your appointment is 1–2 hours per exam ordered.

★ 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, 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.

YAKIMA

Creekside Business Park
3902 Creekside Loop, Suite 105
Yakima, WA 98902
509-249-5735

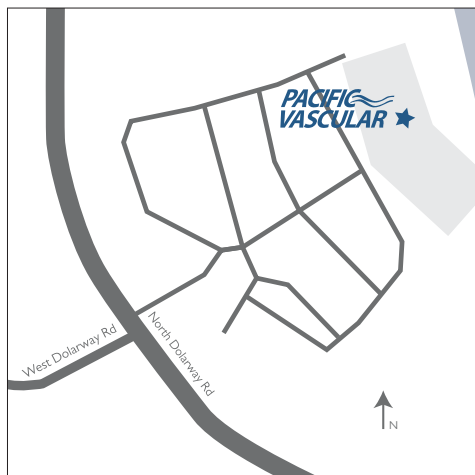


DIRECTIONS FROM HWY 12:

- Take the N 40th Ave/Fruitvale Blvd exit
- Continue onto 40th Ave
- Turn left onto Creekside Loop
- Pacific Vascular - Yakima will be on the right.

ELLENSBURG - part time

Lake Shore Office Park
1206 N Dolarway Rd, Suite 210A
Ellensburg, WA 98926
509-249-5735

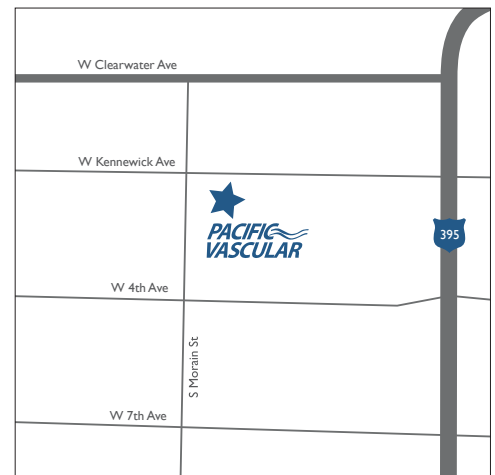


DIRECTIONS FROM 1-90

- Take exit 106 for US-97 N toward Wenatchee
- Go east onto US-97 N/W University Way
- At the traffic circle, take the 1st exit onto N Dolarway Rd
- Turn left then proceed to Lake Shore Office Park
- Pacific Vascular – Ellensburg is located on the 2nd floor in Suite 210A

KENNEWICK

Kennewick Square
3321 W. Kennewick Ave, Suite 230
Kennewick, WA 99336
509-249-5735



DIRECTIONS Heading South:

- From US-395 S
- Turn Right onto W Kennewick Ave (at the Carl's Jr)
- Turn Left into the parking lot of Kennewick Square

DIRECTIONS Heading North:

- From US-395 N
- Turn Left onto W Kennewick Ave (at the Denny's)
- Turn Left into the parking lot of Kennewick Square



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



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