

Date _____

Patient Information

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|-------------------|--------------------|
| Name | Referring Provider |
| DOB | Provider Signature |
| Address | Facility Name |
| Phone | Phone Fax |
| Insurance Carrier | Diagnosis |

Ultrasound Arterial

- ☐ ABI
☐ ABI/Toe pressure
☐ ABE (exercise ABI)
☐ Lower Extremities Arterial
 ☐ RT ☐ LT ☐ Bilateral
☐ Upper Extremities Arterial
 ☐ RT ☐ LT ☐ Bilateral
☐ Carotid Duplex
☐ Renal Duplex
☐ AAA Duplex
☐ Aorta – Iliac Duplex
☐ Cold Immersion Test (Raynaud's)
☐ Thoracic Outlet Syndrome
 ☐ Arterial ☐ Venous

CT Scan

Arterial

- ☐ CTA Neck
☐ CTA Chest (TAA & Dissection)
☐ CTA Abdomen and Pelvis
☐ CTA Leg Run-off
☐ CTA Upper Extremities
☐ CTA Chest w/ Arm Elevation for Suspected Arterial TOS

Evaluate and Treat

- ☐ Aneurysm ☐ Aortoiliac ☐ Thoracic ☐ Popliteal
☐ PD Cath Evaluation
☐ Venous Disease
 ☐ Varicose
 ☐ Swelling
 ☐ Ulcer
 ☐ Phlebitis
☐ Deep Vein Thrombosis (DVT)
 ☐ Upper Extremity ☐ right ☐ left
 ☐ Lower Extremity ☐ right ☐ left
☐ Peripheral Arterial Disease
 ☐ Claudication
 ☐ Ulcer
 ☐ Gangrene
 ☐ Resting Pain
☐ Carotid Disease
☐ Mesenteric Disease
☐ Renal Disease
☐ Thoracic Outlet Syndrome
☐ Other: _____

Ultrasound Venous

- ☐ Venous Duplex US For DVT
 ☐ RT ☐ LT ☐ Bilateral
☐ Venous Reflux Studies (for varicose veins or venous insufficiency)
 ☐ RT ☐ LT ☐ Bilateral
☐ IVC / Iliac Veins Duplex
☐ Vein Mapping
 ☐ RT ☐ LT ☐ Bilateral
 ☐ Upper ☐ Lower
☐ US Hemodialysis Access
☐ Steal Study Fistula (with AUI Compression)

CT/MR

Venous

- ☐ MRV Abdomen / Pelvis
☐ CTV Abdomen / Pelvis
 ☐ Extensive DVT / Iliac Vein Occlusion
☐ MRV Lower Extremities
☐ CTV Lower Extremities
☐ MRV Chest (Suspected IVC outlets)
☐ CTV Chest

Surgical Procedures

- ☐ Angiogram
☐ LE Angiogram
☐ Fistulogram
☐ Vascular Access
 ☐ Port ☐ Hickman ☐ Tunneled Dialysis Catheter
 ☐ IVC Filter ☐ IVC Filter Removal

Clinical History/Additional Information

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FAX YOUR ORDER TO: (907)-339-9445
Please include chart notes