

Date \_\_\_\_\_

**Patient Information**

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)-222-4651**  
**Please include chart notes**