

# VASCULAR ULTRASOUND

**PLEASE INCLUDE ALL RELEVANT CHART NOTES**

## APPOINTMENT INFORMATION

Appointment Date: \_\_\_\_\_

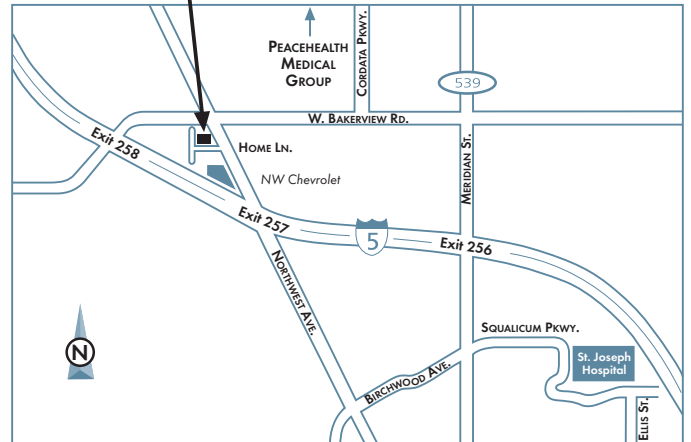
Check-in Time: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

[See Location Map](#)



**Northwest Avenue**  
4029 Northwest Avenue,  
Suite 201



## 1 PATIENT INFORMATION (please print)

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Referring M.D.: \_\_\_\_\_

CC: \_\_\_\_\_

Insurance Company (s): \_\_\_\_\_

Patient's Insurance ID #: \_\_\_\_\_

## 2 EXAM REQUESTED

### Abdominal Exams (All require fasting):

- Abdominal Aortoiliac Complete       Renal Duplex Doppler  
 Mesenteric Duplex Doppler Complete

- Lower Extremity ABI Bilateral (Ankle Brachial Indices)       Upper Extremity Duplex Bilateral  
 Lower Extremity Duplex Bilateral       Thoracic Outlet Syndrome  
 Lower Extremity Duplex Unilateral       Upper Extremity Duplex Unilateral  
 Lower Extremity Stress Test Bilateral (Treadmill Test & ABI)

### Peripheral Arterial:

### Peripheral Venous:

- Lower Extremity Duplex Bilateral       Upper Extremity Duplex Bilateral  
 Lower Extremity Duplex Unilateral       Upper Extremity Duplex Unilateral  
 Insufficiency

### Cerebrovascular:

- Carotid Duplex Bilateral

- Other (please specify):** \_\_\_\_\_

Please follow these instructions to ensure a successful ultrasound exam. See specific exam to the left to determine the need for fasting.

### ABDOMINAL

- FAST** 4 hours prior to exam
- NO** smoking or chewing gum prior to exam
- ALL** Patients should take a.m. medications with a small amount of water

The evening prior to your exam **DO NOT** eat, drink, chew gum or smoke after midnight. You will be fasting until after your exam.

**Fax This Referral To: 360-255-2263**

## 3 CLINICAL SYMPTOMS (required; must have a sign, symptom or known diagnosis. No "Rule Out" or "Follow-Up" )

\_\_\_\_\_

**X** \_\_\_\_\_  
Physician Signature Required

### Stat Report Desired

- Call Report (Provider cell/pager/backline phone number required) \_\_\_\_\_