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”

Referring Provider Name
Referring Provider Phone # Fax #

*Referring Provider Signature (Required)

SELECT LAB LOCATION (Address Details on Reverse Side)

PORT TOWNSEND
Jefferson Healthcare Medical Center
834 Sheridan Street
Port Townsend, WA 98368
425-486-8868  Toll-free: 1-800-282-6516

SEQUIM
Fifth Avenue Professional Plaza
536 N 5th Ave, Suite B
Sequim, WA 98382
425-486-8868  Toll-free: 1-800-282-6516

PORT ANGELES - PART TIME
The Specialty Clinic (Lower Level NW Side Entrance)
315 E 8th St
Port Angeles, WA 98362
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
- Carotid/Vertebral Duplex + TCD pm* - Conditional
  (*pm = >50% pre-cerebral stenosis; TIA/CVA symptoms)
- Carotid/Vertebral Duplex Only - Abbreviated
- Subclavian Steal
- Transcranial Doppler Only (TCD)
- TCD Emboli Monitoring Study
  Specify: Anterior circulation  Posterior circulation
- TCD Head Turn Vertebral Artery Compression
  Intra- and extracranial evaluation of posterior circulation
- Temporal Arteritis (GIANT CELL ARTERITIS)
  Duplex of temporal, common carotid, axillary & brachial arteries
- Head Turn Study

PERIPHERAL ARTERIAL:
- Lower Extremity
  Physiologic Testing (ABI’s and/or DBI’s, treadmill)
  Duplex: Aortoiliac & femoropopliteal pm
  (pm=Abnormal ABI; treadmill not performed)
  If applicable: Bypass Graft  Stent  Specify location:
- Customized LEA Orders
  Specify: Right  Left  If applicable
  Specify: Aortoiliac Duplex  LE Duplex  LE Duplex w/ABI’s
  ABI’s Only  ABI’s Only w/Treadmill  Specify: Right  Left
- Upper Extremity
- Pseudoaneurysm Evaluation
  Specify: Right  Left  LE  ULE
- Thoracic Outlet
- Radial Artery Mapping
- Raynaud’s Phenomenon  Specify: Hands  Feet

ABDOMINAL VASCULAR:
- Renal Artery
- Celiac/Mesenteric Arteries
- Hepato-Portal
- Renal/Liver Transplant
- Renal Vein
- Inferior Vena Cava/Iliac Veins
- Abdominal Aortic Aneurysm
  Specify Indication:
  Follow-up/Known  Endograft  Symptomatic  Other
  Medicare Screening (Age 65-75 + family hx AAA &/or male smoker)

VENOUS:
- Assessment for Venous Thrombosis (DVT)
  - Lower Extremity + Iliacaval, Bilateral - Complete
  - Lower Extremity - Conditional
  - Lower Extremity - Right  Left
  - Lower Extremity Only - Abbreviated
  - Upper Extremity
- Assessment for Venous Insufficiency (Reflex)
  - Lower Extremity Reflux
  - Iliacaval Duplex (May-Thurner Syndrome)

Specialized Venous Evaluations
- Pelvic Congestion/Insufficiency
- Thrombus of the iliofemoral, ovarian and uterine veins
- Post-Ablation Lower Extremity Duplex
- Vein Mapping Duplex

DIALYSIS VASCULAR ACCESS SITE:
- Dialysis Access Site Evaluation
- Pre-op Dialysis Access Site

SCREENING EXAMS: (No clinical signs/symptoms)
- Self-pay
  - Carotid Artery Disease Screening
  - Carotid Intima-Media Thickness Screening (CIMT)
  - Abdominal Aortic Aneurysm Screening (Non-Medicare)
  - Periphera Artery Disease Screening (ABI only)

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. 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.

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For Pacific Vascular’s multiple lab locations in the Seattle metropolitan area and eastern Washington, please visit www.pacificvascular.com