CEREBROVASCULAR:
- Carotid/Vertebral Duplex + Transcranial Doppler (TCD) - Complete
- Carotid/Vertebral Duplex + TCD prn* - Conditional
  (*prn = >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 Bubble Study for PFO
  Right-to-left cardiac shunt detection; IV access needed
- TCD Head Turn Vertebral Artery Compression
  Intra- and extracranial evaluation of posterior circulation
- TCD CO2 Challenge for Vasomotor Reactivity
- Temporal Arteritis (Giant Cell Arteritis)
  Duplex of temporal, common carotid, axillary & brachial arteries

PERIPHERAL ARTERIAL:
- Lower Extremity *
  Physiologic Testing (ABI’s and/or DBI’s, treadmill)
  Duplex: Aortoiliac & femoropopliteal prn
  (prn=Abnormal ABI; treadmill not performed)
  If applicable: Bypass Graft □ Stent □ Specify location:
- Customized LEA Orders
  Specify: Right □ Left □ if applicable
  □ Aortoiliac Duplex □ LE Duplex □ LE Duplex w/ABI’s □
  □ ABI’s Only □ ABI’s Only w/Treadmill
- Upper Extremity
- Pseudoaneurysm Evaluation
  Specify: Right □ Left □ LE □ UE
- Thoracic Outlet
- Radial Artery Mapping
- TcPO2
  Specify: Right □ Left
- Raynaud’s Phenomenon
  Specify: Hands □ Feet

VENOUS:
- Assessment for Venous Thrombosis (DVT)
  □ Lower Extremity + Iliocaval, Bilateral - Complete
  □ Lower Extremity - Conditional □ Bilateral □ Right □ Left
  (Conditional = bilateral & iliocaval 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
  □ Upper Extremity □ Bilateral □ Right □ Left
  
- Assessment for Venous Insufficiency (Reflux)
  □ Lower Extremity Reflux
  Specify: Right □ Left □ Iliocaval Duplex (May-Thurner Syndrome)

Specialized Venous Evaluations:
- Pelvic Congestion/Insufficiency *
  Duplex of the iliac, ovarian and uterine veins
  8 hrs fasting full bladder, OTC anti-gas medication recommended
- Post-Ablation Lower Extremity Duplex
  Specify: Right □ Left
- Vein Mapping Duplex
  Specify: Right □ Left □ Upper □ Lower

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)

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.
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.