



Patient Name: _____

Date of Request ___/___/___ Physician: _____

Birth Date ___/___/___ Patient Telephone # ___/___/___

Comments:	Physician Signature: _____
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Peripheral Arterial Evaluation

- Physiologic w/ABI
 - With Exercise
- Duplex w/ABI
- Transcutaneous Oxygen, TCPO2
- Thoracic Outlet

- LIMB CLAUDICATION
- ISCHEMIC ULCERATION
- GANGRENE
- REST PAIN
- KNOWN ARTERIAL DISEASE
- EVIDENCE OF THROMBO-EMBOLIC EVENTS
- VASCULAR TRAUMA
- F/U OF BYPASS GRAFTS, STENT PLACEMENT, OR POST ANGIOPLASTY STATUS (Duplex)

- Bilateral
- Right
- Left
- Arm
- Leg

Abdominal Duplex Scan Arterial

- Renal Arteries
- Aorta/Iliac Arteries (Aneurysm)
- Mesenteric/Splanchnic Arteries
 - ANEURYSM, AORTIC or ILIAC
 - UNCONTROLLED HYPERTENTION
 - KNOWN RENAL ARTERY DISEASE
 - ABDOMINAL BRUIT
 - MESENTERIC ISCHEMIA
 - BYPASS GRAFT SURVEILLANCE
 - STENT SURVEILLANCE
 - TRAUMA

Abdominal Duplex Scan Venous

- Vena Cava
 - LIMB PAIN or LIMB SWELLING
 - DYSPNEA
 - KNOWN PULMONARY EMBOLUS
- Portal Circulation
 - PORTAL HYPERTENTION

Transplant Duplex Scan

- Kidney
- Liver

Peripheral Venous Duplex Scan

- Venous Insufficiency Study
 - VARICOSE VEINS
 - LOWER EXTREMITY EDEMA, PAIN
 - VENOUS ULCERATION, CELLULITIS
 - SKIN PIGMENTATION, INDURATION
- DVT Study
 - EXTREMITY PAIN, SWELLING, EDEMA
 - DOCUMENTED PULMONARY EMBOLISM
 - PALPABLE CORD
- Vein Mapping
- Dialysis Access

- Bilateral
- Right
- Left
- Arm
- Leg

Carotid Duplex Scan

Trans-Cranial Doppler Imaging, TCDI

- CAROTID BRUIT
- TRANSIENT CEREBRAL ISCHEMIA
- STROKE
- AMAUROSIS FUGAX
- KNOWN CAROTID DISEASE
- POST INTERVENTIONAL F/U
- PULSATILE NECK MASS
- VASCULAR TRAUMA