Vascular Testing Referral Form

Scheduling: (509) 248-7716, Opt 2
Fax Request to: (509) 574-0257

Patient’s Name: ___________________________ Date of Birth: ____________

Clinical Indication: ________________________________________________________

Referring Physician Signature: ________________________________________________

To Be Scheduled: □ Stat □ Next Available □ Before Next Apt ______ Mo ____ Yrs____

Cerebrovascular
  □ Carotid Duplex
  □ Transcranial Duplex
  □ TCD Emboli Monitoring
  □ Evaluate symptoms as indicated

Abdominal (Fasting Study)
  □ Aorto Iliac
  □ Abdominal Aortic Aneurysm
  □ Mesenteric (with food challenge)
  □ Mesenteric (without food challenge)
  □ Renal Exam
  □ Hepato-Portal
  □ Endo Graft Evaluation
  □ Ilio-caval Evaluation- Abdominal Scanning of the Inferior Vena Cava and bilateral iliac veins

Lower Extremity Arterial
  □ Resting ABI only
  □ Rest and Exercise ABI
  □ LEA- Physiological Testing with Duplex scanning of the Aorto iliac arteries and Lower extremity as needed.
  □ Duplex-[Bilateral] [Right] or [Left]- Stent or graft tracking
  □ Pseudoaneurysm
  □ Raynaud’s Evaluation
  □ Evaluate symptoms as indicated

Upper Extremity Arterial
  □ Physiological Testing Bilateral (Blood pressures and PPG testing with Duplex scanning if pressures are abnormal)
  □ Upper Extremity Duplex- [Right] or [Left]
  □ Thoracic Outlet Syndrome
  □ Raynaud’s Exam

Dialysis Access Evaluation
  □ AVF/AVG Evaluation
  □ Pre-OP Fistula Placement Mapping

Venous Evaluations
  □ Lower Extremity [Right] or [Left]
  □ Lower Extremity Bilateral
  □ Lower Extremity Bilateral with Ilio-caval veins (Fasting preferred)
  □ Pre-Intervention Reflux Exam [Bilateral] [Right] [Left]
  □ Upper Extremity [Right] or [Left]
  □ Upper Extremity Bilateral
  □ Pre-Operative Vein Mapping- Please circle one: [Upper Extremity] or [Lower Extremity]

Other: ________________________________

Patient Information:

Appointment date and time: ________________________________

Appointment location (Please check one):
  □ Yakima Heart Center, West Pavilion 2: 406 S. 30th Ave. Yakima, WA
  □ YVMH Vascular Lab: Memorial Hospital: 2811 Tieton Dr. Yakima, WA

Fasting Studies: No food after 7 PM prior to exam. May have water and take medications.

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