



# WESTERN VASCULAR INSTITUTE

This form is to be used when you are requesting for patients to have vascular testing only at our facility.

## VASCULAR TESTING ONLY ORDER FORM

Patient Name & DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE SELECT THE FOLLOWING VASCULAR SERVICES REQUESTED ALONG WITH ANY ACCOMPANYING SYMPTOMS:**

SERVICES REQUESTED	SYMPTOMS
<input type="checkbox"/> Upper and Lower extremity arterial testing/ABI	<input type="checkbox"/> Peripheral artery disease
<input type="checkbox"/> Lower extremity arterial duplex <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Claudication
<input type="checkbox"/> Upper extremity arterial duplex <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Lower extremity resting pain
<input type="checkbox"/> Lower extremity venous duplex <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Ulcer of lower extremity
<input type="checkbox"/> Upper extremity venous duplex <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Gangrene
<input type="checkbox"/> Carotid/vertebral/subclavian color duplex <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Lower extremity leg pain
<input type="checkbox"/> Upper extremity vein mapping/surgical planning <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Thrombosis
<input type="checkbox"/> Lower extremity vein mapping/surgical planning <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Lymphedema
<input type="checkbox"/> Renal artery duplex	<input type="checkbox"/> Carotid Bruit
<input type="checkbox"/> Mesenteric/Celiac artery duplex scan	<input type="checkbox"/> Carotid disease
<input type="checkbox"/> Aorta/Iliac artery duplex scan	<input type="checkbox"/> Abdominal pain/weight loss
<input type="checkbox"/> IVC scan	<input type="checkbox"/> Varicose veins/swelling/itching/burning/ stasis changes
<input type="checkbox"/> Post Hemo scan/dialysis graft/fistula	<input type="checkbox"/> Visual disturbance/dizziness/CVA
<input type="checkbox"/> Temporal artery scan	<input type="checkbox"/> Other _____
<input type="checkbox"/> Comments _____	

**\*\* PLEASE INCLUDE A COPY OF PATIENT'S DEMOGRAPHIC SHEET FOR REGISTRATION PURPOSES. IF A PATIENT'S INSURANCE REQUIRES A REFERRAL, PLEASE UNDERSTAND WE MUST OBTAIN ONE FROM THEIR PRIMARY CARE PHYSICIAN BEFORE ANY TESTING CAN BE PERFORMED. \*\***

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

P: 480.668.5000 | F: 480.668.5065

**Mesa**  
7165 E. University Dr.  
Suite 183  
Mesa, AZ 85207

**Testing Center**  
7165 E. University Dr.  
Suite 105  
Mesa, AZ 85207

**Phoenix**  
3600 N. 3rd Ave.  
Suite B  
Phoenix, AZ 85013

**Payson**  
708 S. Coeur d'Alene Lane  
Suite B  
Payson, AZ 85541

# REFERRAL GUIDE TO VASCULAR ULTRASOUND

## CEREBROVASCULAR

### Carotid and Vertebral Duplex

Symptoms of Stroke or Transient Ischemic Attack (TIA)
Carotid / neck Bruit
Vertigo, loss of balance, syncope, seizures or dizziness
Visual disturbances
Pulsatile neck masses
Post-operative evaluation
Surveillance of known carotid disease
Suspected subclavian steal syndrome – Includes finger PPG

## ABDOMINAL

### Aorta and Iliac arteries

Suspected or incidental finding of AAA
Surveillance of known abdominal aortic aneurysm (AAA)
Palpable or pulsatile aorta
Family history of AAA
Surveillance of Endovascular aortic repair (EVAR)
Review of previous aortic repair
Suspected aorta or iliac arterial disease / Surveillance

### Renal arteries (RADU)

Hypertension
Suspected renal artery stenosis (RAS) / progress study
Abdominal bruit
Renal failure
Decreased renal function
Review of interventional procedures

### Visceral / Mesenteric Duplex

Abdominal Bruit
Post prandial pain or unexplained weight loss
Abdominal angina
Unexplained epigastric pain

### Ovarian Duplex

Ovarian vein incompetence
Pelvic congestion symptoms

## DIALYSIS ACCESS

### Includes finger pressures PPG

Dialysis Fistula Duplex – for surveillance, trouble shooting, and post-interventional imaging.
Dialysis Fistula Workup – Detailed full upper arm arterial and venous mapping.
Renal Transplant Workup – Carotid and abdominal imaging.

## UPPER EXTREMITY ARTERIES

### Including Finger PPG

Suspected thoracic outlet compression
Arm pain – claudication
Low BP in one arm
Absent arm pulses
Suspected false aneurysm
Cold fingers – suspected Raynaud's syndrome, finger embolus
Surveillance of upper extremity stent / graft / angioplasty

## LOWER EXTREMITY VEINS

### DVT

Leg pain +/- swelling – to exclude DVT: <b>1<sup>st</sup> assessment includes IVC and iliac veins</b>
Surveillance of previous DVT
Superficial thrombophlebitis

### Varicose veins

Visible varicose veins
Recurrent varicose veins
Signs of chronic venous insufficiency

### Perforator marking

Mapping prior to varicose vein surgery
Conduit mapping to access suitability for arterial bypass

## UPPER EXTREMITY VEINS

Arm swelling – pain, exclude DVT
Post op or post trauma arm pain
Surveillance of DVT / Superficial thrombophlebitis
Suspected Paget-Schroetter syndrome

## LOWER EXTREMITY ARTERIES

### Including ABIs / Toe photoplethysmography (PPG)

<b>1<sup>st</sup> assessment includes Aorta and iliac arteries. Pre and post treadmill exercise is also available</b>
Claudication symptoms: Rest pain / burning feet / numbness
Absent pulses in the lower extremity or foot
Ischemic ulcer
Gangrene, foot or toe discoloration
Suspected pseudo or false aneurysm
Surveillance of know peripheral vascular disease (PVD)
Surveillance of previous leg graft / stent / angioplasty
Popliteal entrapment (compression) study