



SOUND

VASCULAR & VEIN

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Date _____ Patient Name _____

Date of Birth _____ Referring MD/Contact _____

Transportation _____ Referring Unit/Contact _____

Patient Treatment Schedule _____ Patient Contact 1 _____ Patient Contact 2 _____

ACCESS TREATMENT

ARTERIOVENOUS (AV) DIALYSIS ACCESS

Circle All Applicable

FISTULA : GRAFT RIGHT : LEFT

UPPER ARM : FOREARM : THIGH

Clinical Indication(s)

- Abnormal Bruit / Thrill
- Clotted Access (No Thrill)
- Prolonged Bleeding
- High Venous Pressures
- Abnormal Arterial Pressure
- Enlarging Pseudoaneurysms
- Difficult Cannulation
- Low Kt/V
- Extremity Swelling
- Pulling Clots
- Immature Fistula
- Poor Flow
- Pain
- Other _____

CATHETER DIALYSIS ACCESS

Circle Applicable

HEMODIALYSIS : PERITONEAL

PROCEDURE

- New Placement
- Exchange
- Removal
- Repair

CLINICAL INDICATION(S)

- Infection
- Poor Flow
- Pain
- Other _____

ULTRASOUND DIAGNOSTICS

EVALUATION

- Deep Vein Thrombosis (DVT)
- Upper/Lower Extremity Vein
- Varicose Vein
- Cerebrovascular (Carotid)
- Arteriovenous Malformation
- Vein Mapping for Hemodialysis
- Dialysis Access Graft
- Renal/Liver Transplantation
- Abdominal Aortic Aneurysm
- Upper Extremity Arterial
- Lower Extremity Arterial
- Thoracic Outlet Syndrome
- Raynaud's Phenomenon

CLINICAL INDICATION AND/OR ICD -10 CODES

ARTERIAL SERVICES

CONSULT

- Fistula Creation/Revision
- Aortic Aneurysm
- Claudication
- Discoloration
- Open Ulceration
- Raynauds
- Tingling / Numbness
- Uncontrolled Blood Pressure
- Other: _____

Clinical Indication(s)

CENTRAL VENOUS ACCESS

Circle All Applicable

IMPLANTED PORT : SINGLE : DUAL

PROCEDURE

- New Placement
- Exchange
- Removal
- Repair
- Declot/Thrombolysis
- Dye Study

CLINICAL INDICATION(S)

- Infection
- Poor Flow
- Pain
- Other _____

ALLERGIES:

NOTES:

YES NO

- Allergy to IV Contrast Dye?
- Receiving Coumadin Therapy?
- Able to Sign Informed Consent?
- Translator required?
- Transportation Arranged?

PLEASE FAX REFERRAL TO 253-874-1923 WITH A PATIENT FACE SHEET OR RECORDS



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