




# SOUND

## VASCULAR & VEIN

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STAT

**Please fax demographics and all chart notes with referral.**

### VASCULAR REFERRAL

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Referring Physician \_\_\_\_\_

Patient Phone \_\_\_\_\_ Physician Signature \_\_\_\_\_

Insurance \_\_\_\_\_ Office Fax \_\_\_\_\_

### INDICATIONS

- |   |   |
|---|---|
| <input type="radio"/> Pain                      | <input type="radio"/> Suspected DVT           |
| <input type="radio"/> Ulcer / Non-Healing Wound | <input type="radio"/> Swelling / Edema        |
| <input type="radio"/> PVD                       | <input type="radio"/> Varicose Veins          |
| <input type="radio"/> Claudication              | <input type="radio"/> Pre-Surgical Evaluation |
| <input type="radio"/> Decreased / Absent Pulses | <input type="radio"/> Other _____             |

### VASCULAR CONSULTATION

- Vascular Consult

### ULTRASOUND

- |  |                                   |                            |                             |
|--|-----------------------------------|----------------------------|-----------------------------|
| <input type="radio"/> Lower Extremity Arterial / ABI | <input type="radio"/> BIL         | <input type="radio"/> Left | <input type="radio"/> Right |
| <input type="radio"/> Lower Extremity Venous         |                                   |                            |                             |
| <input type="radio"/> Suspect DVT                    | <input type="radio"/> Other _____ |                            |                             |
| <input type="radio"/> Abdominal Aortic Aneurysm      |                                   |                            |                             |
| <input type="radio"/> Cerebrovascular (Carotid)      |                                   |                            |                             |

### INTERVENTION

- |  |                                     |                               |                             |
|--|-------------------------------------|-------------------------------|-----------------------------|
| <input type="radio"/> Angiogram with possible intervention | <input type="radio"/> BIL           | <input type="radio"/> Left    | <input type="radio"/> Right |
| <input type="radio"/> Inferior Vena Cave (IVC) Filter      | <input type="radio"/> New Placement | <input type="radio"/> Removal |                             |
| <input type="radio"/> Venous Port                          |                                     |                               |                             |
| <input type="radio"/> Varicocele                           |                                     |                               |                             |
| <input type="radio"/> Uterine Fibroid Embolization (UFE)   |                                     |                               |                             |
| <input type="radio"/> Pelvic Venous Congestion (PVCS)      |                                     |                               |                             |