

DIAGNOSTIC VASCULAR AND INTERVENTIONAL PROCEDURE REQUEST



PATIENT SCHEDULING

PHONE: 540.680.3433

FAX: 833.673.0375

You must bring this prescription with you to the exam. To avoid any delay, all information in this box must be completed.

Patient Name: _____ Phone Number: _____ DOB: ____/____/____

Physician Name (Clearly Legible): _____ Fax Number: _____

Physician Signature: _____ Date (required): _____

CONSULTS

VASCULAR

- Peripheral Vascular Disease (PAD)
- Aortic Aneurysm Consult
- Renovascular Diseases
- Other: _____
- IVC Filter Placement

VEINS

- Superficial Venous Disease (Varicose Veins)
- Deep Venous Thrombosis (DVT)
- Venogram
- Other: _____
- Spider Vein Treatment

WOMEN'S

- Uterine Fibroid Embolization
- Pelvic Congestion Syndrome

MEN'S

- Prostate Artery Embolization
- Varicocele Embolization

MUSCULOSKELETAL TREATMENTS

- Genicular Embolization (Knee Arthritis)
- Other: _____
- Shoulder Embolization (Frozen Shoulder)

MISCELLANEOUS

- Hemorrhoidal Embolization - NEW
- Other: _____

VASCULAR IMAGING STUDIES

CEREBROVASCULAR

- Carotid, Vertebral Doppler

Must choose all that apply (must check at least one):

- Bruit/Weak Pulse
- Syncope and Collapse
- Other: _____

ARTERIAL

- Peripheral Arterial Disease Consult: (Check all that apply)
- Segmental Pressures & Waveforms of Extremities
 - Upper Extremity
 - Lower Extremity
- If Indicated, Arterial Duplex Imaging of Extremities
 - Upper Extremity: L or R
 - Lower Extremity: L or R

Must choose all that apply (must check at least one):

- Intermittent Claudication/Arterial Spasms
- Non-Healing Ulcer or Lower Limb Location: _____
 - Pain in Limb
 - Left
 - Right
- Raynaud's Syndrome
- Thoracic Outlet Syndrome
- Other: _____

DEEP ABDOMINAL

- Renal Arteries
 - HTN
- Celiac & Mesenteric Arteries
 - Abdominal Bruit
 - Abdominal Pain
- Liver Doppler
 - Portal HTN
- AAA
 - Screening
 - Abdominal Bruit

Other Symptom's:

- Other: _____

VENOUS

- Varicose Veins Consult
- DVT Study
 - Arm
 - Leg
 - Left
 - Right
 - Bilateral
- Venous Insufficiency Study (Lower Extremities):
 - Left
 - Right
 - Bilateral

Must choose all that apply (must check at least one):

- Pain in Limb
- Edema
- Varicose Vein w/ Ulcer or Inflammation
- Other: _____
- Varicose Vein w/ Other Complications (Pain, Swelling, Edema)

IMAGING STUDIES

550 Broadview Avenue Suite 102, Warrenton, VA 20186

9161 Liberia Avenue Suite 400, Manassas, VA 20110