

DIAGNOSTIC VASCULAR AND INTERVENTIONAL PROCEDURE REQUEST



PATIENT SCHEDULING

PHONE: 757.437.2882 FAX: 833.448.3261

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

5589 Greenwich Rd, Suite 100
Virginia Beach, VA 23462

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)
- Shoulder Embolization (Frozen Shoulder)
- Other: _____

DIALYSIS ACCESS

- Permacath / TDC Placement
- Fistula Creation Surgical
- Fistulagram/Declot

MISCELLANEOUS

- Hemorrhoidal Embolization - NEW
- Other: _____

VASCULAR IMAGING STUDIES

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)