

# DIAGNOSTIC VASCULAR AND INTERVENTIONAL PROCEDURE REQUEST



## PATIENT SCHEDULING

Providers must fax this referral to (833) 673-0375.  
A patient representative will contact the patient to schedule once it is received.

PHONE: (888) NAT-VASC

(Dial 888-628-8272)

FAX: (833) 673-0375

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient Address: \_\_\_\_\_  
Physician Name (Clearly Legible): \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Physician Signature: \_\_\_\_\_ Date (Required): \_\_\_\_\_

## CONSULTATION FORM

### ARTERIAL:

- Aortic Aneurysm
- Carotid Disease
- Peripheral Arterial Disease (PAD)

### VENOUS:

- Deep Vein Thrombosis (DVT)
- Thrombophlebitis
- Varicose Veins

### WOMEN'S HEALTH:

- Adenomyosis
- Uterine Fibroids

### MEN'S HEALTH:

- Benign Prostatic Enlargement (BPE)
- Varicocele

### MUSCULOSKELETAL:

- Hip Arthritis / Hip Pain
- Knee Arthritis / Knee Pain
- Shoulder Arthritis / Frozen Shoulder
- Vertebral Compression Fracture

### GASTROINTESTINAL:

- Hemorrhoids

### CONSULTATION FOR PROCEDURES:

- Arteriogram  Venogram
- Genicular Artery Embolization (GAE)
- Hemorrhoidal Artery Embolization (HAE)
- Kyphoplasty
- Plantar Fasciitis Embolization (PFE)
- Prostate Artery Embolization (PAE)
- Uterine Artery Embolization (UAE)
- Varicocele Embolization

## VASCULAR IMAGING STUDY REQUESTS & CONSULT REQUESTS

### ARTERIAL

If Indicated, Arterial Duplex Imaging of Extremities  
 Upper Extremity: L or R  Lower Extremity: L or R

#### Select all that apply (at least one required):

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

### DEEP ABDOMINAL

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

#### Other Symptoms:

- Other: \_\_\_\_\_

### VENOUS

- Venous Insufficiency Study (*Lower Extremities*):  
 Left  Right  Bilateral
- DVT Study:  Arm  Leg  
 Left  Right  Bilateral

#### Select all that apply (at least one required):

- Varicose Vein with Ulcer or Inflammation
- Varicose Vein with Other Complications
- Edema  Pain in Limb
- Other: \_\_\_\_\_

### CEREBROVASCULAR

- Carotid, Vertebral Doppler

#### Select all that apply (at least one required):

- Bruit/Weak Pulse  Syncope and Collapse
- Other: \_\_\_\_\_