SWEDISH

Swedish Vascular Ultrasound Referral Form · Cherry Hill · First Hill

Accredited Vascular Laboratory
ICAVL
Extracranial Cerebrovascular
Intracranial Cerebrovascular
Peripheral Arterial
Peripheral Venous
Visceral Vascular

To schedule an exam at Swedish Vascular Cherry Hill call: 206-320-4400. FAX: 206-320-4696.
To schedule an exam at Swedish Vascular First Hill call: 206-386-6980. FAX: 206-386-6606.

Pre-authorization/referral:
☐ Not required ☐ Required Authorization #_____

Vascular Ultrasound Diagnostic Tests
☑ Check Appropriate Box

Cerebrovascular

☐ Carotid, Vertebral Duplex
☐ Transcranial Doppler/Duplex (TCD/TCDI)
☐ TCD Emboli Monitoring
Specify vessel/s
Anterior: _____ Posterior: _____
☐ TCD Right to Left Cardiac Shunt (PFO)
☐ TCD Vertebral Artery Compression with Head Turning
☐ TCD CO_2 Challenge - assessment of vasomotor reactivity

Peripheral Arterial

☐ Lower Extremity Arterial (LEA)
  ☐ Physiologic testing: ABI's, DBI's and/or treadmill exercise
  ☐ Duplex: Aortoiliac & femoropopliteal, tibioperoneal PRN (abnormal ABI / unable to perform treadmill exercise)
☐ LEA Bypass Graft
☐ Pseudoaneurysm Evaluation: duplex
☐ Transcutaneous Oxymetry ($TCPO_2$)
☐ Upper Extremity Arterial (UEA): physiologic test, arm pressures, duplex
☐ Thoracic Outlet: physiologic test, limited duplex
☐ Raynaud's: physiologic test of digits, arms, hands
☐ Radial Artery Evaluation for Harvest: duplex

Peripheral Venous

☐ Lower Extremity Venous Duplex (LEV): femoropopliteal, tibioperoneal & saphenous veins
☐ Lower Extremity Venous (LEV) & Iliocaval Duplex PRN: iliocaval segments studies if abnormal test results, significant risk factors, or clinical concern for PE
☐ LEV: Venous Insufficiency, pre closure: duplex
☐ LEV: Vein Mapping for Harvest: duplex
☐ Upper Extremity Venous (UEV): duplex
☐ UEV: Vein Mapping for Harvest: duplex

Dialysis/Vascular Access Site

☐ Pre-op Dialysis Access Site Evaluation: physiologic testing & duplex
☐ Dialysis Access Site Evaluation: duplex & physiologic testing PRN

Lab Locations:
Maps located on back of form

☐ **Swedish Cherry Hill, Jefferson Tower**
1600 E. Jefferson St., Suite 500
Seattle, WA 98122
Phone: 206-320-4400 FAX: 206-320-4696

☐ **Swedish First Hill, Nordstrom Tower**
1229 Madison St., Suite 890
Seattle, WA 98104
Phone: 206-386-6980 FAX: 206-386-6606

Referring Provider to complete this section

Patient Name _____
Date of Birth _____
Appointment: Date_____ Time_____
Indications_____
Provider Name _____
Provider Phone_____
Provider Fax _____
_____
Provider Signature (Required)

Abdominal Vascular Duplex

*8 hours NPO (diabetic exceptions), take only medications with small amounts of water

☐ Abdominal Aortic Aneurysm ☐ Renal
☐ Hepato-Portal ☐ Mesenteric - Splanchnic

Additional Instructions:

_____
_____
_____
_____

(Maps located on back of form)

Cherry Hill Campus

First Hill Campus

SWEDISH
NEUROSCIENCE
INSTITUTE

SWEDISH VASCULAR ULTRASOUND

Cherry Hill Campus
Jefferson Tower
1600 E. Jefferson St., Suite 500
Seattle, WA 98122
T: 206-320-4400 **F:** 206-320-4696

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Seattle, WA 98104
T: 206-386-6980 **F:** 206-386-6606

For a free physician referral:
1-800-SWEDISH (1-800-793-3474)
www.swedish.org

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