



VASCULAR SURGERY ASSOCIATES, LLC

Part of  StrideCare™



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Toll Free Number 1-855-648-9982 www.vascularsurgeryassociates.net

Patient Name: _____

Date: _____

Patient Phone: _____

DOB: _____

REQUEST: ☐ **Consultation** ☐ **Diagnostic Testing**

ARTERIAL TEST:

- ____ Lower Extremity Arterial Doppler
- ____ Lower Extremity Arterial Doppler with Exercise Stress
- ____ Lower Extremity Arterial Duplex Ultrasound ABI/TBI R L
- ____ Upper Extremity Arterial Doppler Study
- ____ Upper Extremity Arterial Duplex Ultrasound R L
- ____ Carotid Artery Duplex Ultrasound
- ____ Temporal Artery Ultrasound

ABDOMINAL TEST: (FASTING)

- ____ Abdominal Aorta (AAA) _____ Mesenteric Artery Duplex Ultrasound _____ Renal Artery Duplex Ultrasound

ULTRASOUND WEIGHT LIMIT - 350lbs

VENOUS TEST:

- ____ Upper Extremity Venous Ultrasound R L
- ____ Lower Extremity Venous Ultrasound/DVT R L
- ____ Lower Extremity Venous Ultrasound/Reflux R L
- ____ Upper Extremity Vein Mapping R L
- ____ Lower Extremity Vein Mapping R L
- ____ Iliac Vein Ultrasound R L
(post-stent placement)

INDICATION:

- | | | |
|-------------------------------------|--------------------------------------|--|
| ____ AAA (171.43) | ____ ESRD (N18.6) | ____ Raynauds (173.0) |
| ____ Abdominal Pain (R10.84) | ____ H/O Stenting/H/O Bypass (177.1) | ____ Renal Art/Stenosis (170.1) |
| ____ Ankle Pain/Achilles Tendinitis | ____ Hypertension (I10) | ____ Rest Pain/Limb Pain (M79.609) |
| ____ Bergers (173.1) | ____ Knee Pain/Arthritis | ____ Shoulder Pain/Arthritis |
| ____ Carotid Bruit (R09.89) | ____ Limb Pain (M79.609) | ____ Spider Veins (183.90) |
| ____ Carotid Stenosis (165.23) | ____ Limb Swelling (R22.40) | ____ Stroke/TIA (163.9) |
| ____ Claudication (170.218) | ____ Mesenteric Stenosis (K55.1) | ____ Thoracic Outlet Syndrome (G54.0) |
| ____ Cyanosis (R23.0) | ____ Lymphedema (189.0) | ____ Ulcer/Wound (lower/upper) (L98.499) |
| ____ Diabetes (E11.65) | ____ Pelvic Congestion (N94.89) | ____ Varicose Veins (183.209) |
| ____ Dizziness (R42) | ____ Peripheral Aneurysm (Z86.79) | ____ Vertebral Basilar Disease (G45) |
| ____ DVT/Lower Extremity (182.409) | ____ Phlebitis (180.9) | ____ Other (Diagnosis Required) |
| ____ DVT/Upper Extremity (182.629) | ____ Plantar Fasciitis | |
| ____ Elbow Pain / Golfer Elbow | ____ Pre-OP (Diagnosis Required) | |
| ____ Elbow Pain / Tennis Elbow | | |

Referring Physician: _____

Physician Phone: _____

Physician Fax: _____

Physician Signature: _____ **Date:** _____

WOUND CARE

Wound Type: _____

Wound Location: _____

THANK YOU FOR YOUR REFERRAL

UCMC - Klein Ambulatory Care Ctr: 520 Upper Chesapeake Dr, #306, Bel Air, MD 21014 | F: 410-879-0248
Elkton - Union Hospital Medical Prof Bldg: 111 West High St, #303, Elkton, MD 21921 | F: 443-406-3566
St. Joseph - O'Dea Medical Bldg: 7505 Osler Dr, #101, Towson, MD 21204 | F: 443-275-7679
GBMC - Physicians Pavilion West: 6569 N. Charles St, #701, Towson, MD 21204 | F: 410-825-2870
Westminster Office: 902 Washington Rd, #E, Westminster, MD 21157 | F: 443-289-9278

Ellicott City: 3300 N. Ridge Road, #100, Ellicott City, MD 21043 | F: 443-546-3226
Pikesville - Woodholme Medical Ctr: 1838 Greene Tree Rd, #430, Pikesville, MD 21208 | F: 410-205-7240
Owings Mills: 10 Crossroads Drive, #107, Owings Mills, MD 21117 | F: 410-205-7240
VSA Surgery Center of Abingdon: 3435 Box Hill Corp. Ctr. Dr, #H, Abingdon, MD 21009 | F: 443-456-3647
VSA Surgery Center of Lutherville: 1840 York Rd, #E, Lutherville, MD 21093 | F: 443-991-4370