Vascular Ultrasound Outpatient Referral Form

Call 301-552-8054 for an Appointment
Hours: Monday-Friday, 8:00 am—4:30 pm

Day of Appointment:
Please arrive 20 minutes prior to appointment time.
From the main entrance, take the west elevators to the 2nd floor.
Then, go to Outpatient Registration in room #2631.

8118 Good Luck Road  |  Main Building  |  Lanham, Maryland 20706
Phone: 301-552-8136  |  Fax: 301-552-3465

APPOINTMENT DATE __________________________  APPOINTMENT TIME __________________________

PATIENT'S NAME __________________________________________________________

REFERRING PHYSICIAN'S NAME ________________________________________________

PHYSICIAN'S SIGNATURE ____________________________________________________

ADDITIONAL INSTRUCTIONS ______________________________________________________________________________________________________________________________________________________________________________________________

Please check appropriate exam type(s), side and/or extremity (if applicable) and indication(s).

☐ Venous Duplex (DVT)  ☐ Standing Venous (Reflux)
☐ Bilateral (93970)  ☐ Right (93971)  ☐ Left (93971)
☐ Arm  ☐ Leg

☐ 729.50   Pain in Extremity
☐ 729.81   Swelling
☐ 454.00   Ulceration
☐ 782.30   Edema
☐ 451.82   Superficial Thrombophlebitis, Arm
☐ 451.00   Superficial Thrombophlebitis, Leg
☐ 451.83   Deep Vein Thrombophlebitis, Arm
☐ 451.11   Deep Vein Thrombophlebitis, Leg
☐ 695.90   Erythema
☐ V12.51  History of DVT
☐ 454.10   Varicose Veins/Inflammation
☐ 786.05   Shortness of Breath
☐ 415.19   Pulmonary Embolism
☐ 903.90   Injury to Upper Extremity Vessel
☐ 904.80   Injury to Lower Extremity Vessel
☐ _____  Additional Diagnosis: ________________________________________

☐ Lower Extremity Arterial Duplex  ☐ Bilateral (93925)
☐ Right (93926)  ☐ Left (93926)
☐ ABI/TBI (93922)  ☐ Exercise ABI (93924)
☐ Bypass Graft (93926)

☐ 440.21   Claudication
☐ 440.22   Rest Pain
☐ 440.23   Ulceration
☐ 440.24   Gangrene
☐ 443.90   Peripheral Arterial Disease, NOS
☐ 447.10   Known Stricture of Artery
☐ 904.80   Injury to Blood Vessel, Unspecified
☐ 444.22   Embolism/Thrombosis of Blood Vessel
☐ 447.00   Arteriovenous Fistula
☐ 442.30   Femoral/Popliteal Aneurysm
☐ 996.74   Complication of Graft/Stent
☐ V58.73   Post-operative Evaluation
☐ _____  Additional Diagnosis: ________________________________________

PHYSICIAN'S OFFICE:  PHONE NUMBER __________________________

FAX NUMBER __________________________

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Additional Diagnosis: ________________________________________

________________________________________________________________________

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Revised 2/20/2015 ALG
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**Additional Diagnosis:**
- Raynaud’s Syndrome
- Buerger’s Disease
- Ulceration
- Gangrene
- Injury to Blood Vessel, Unspecified
- Embolism/Thrombosis of Blood Vessel
- Arteriovenous Fistula
- Peripheral Arterial Disease, NOS
- Aneurysm of Upper Extremity Vessel
- Post-operative Evaluation

**Additional Diagnosis:**
- Hypertension
- Malignant Hypertension
- ESRD
- Fibromuscular Dysplasia
- Aortic Ectasia
- Iliac Artery Aneurysm
- Femoral/Popliteal Aneurysm
- Post-operative Evaluation
- Post-prandial Abdominal Pain
- Acute Mesenteric Insufficiency
- Unexplained Weight Loss

**Additional Diagnosis:**
- AAA
- Family History of AAA
- Epigastric Pain
- Abdominal Mass
- Abdominal Bruit
- Aneurysm of Upper Extremity Vessel
- Post-operative Evaluation
- Right (93931)  Left (93931)  Finger Pressure/FBI (93922)

**Additional Diagnosis:**
- Hemodialysis Access Evaluation  (93990)
- Known AAA
- Screening AAA (G0389)

**Additional Diagnosis:**
- Hemodialysis Access Evaluation  (93990)
- Right  Left  Arm  Leg

**Additional Diagnosis:**
- ESRD
- Complication of Renal Dialysis
- Adequacy of AVF/AVG

**Additional Diagnosis:**
- ESRD
- Complication of AVF/AVG
- Adequacy of AVF/AVG

**Additional Diagnosis:**
- AAA
- V17.49 Family History of AAA
- 789.06 Epigastric Pain
- 789.30 Abdominal Mass
- 785.9 Abdominal Bruit
- 447.70 Aortic Ectasia
- Iliac Artery Aneurysm
- Femoral/Popliteal Aneurysm
- Post-operative Evaluation
- Post-prandial Abdominal Pain
- Acute Mesenteric Insufficiency
- Unexplained Weight Loss

**Additional Diagnosis:**
- Right (93976)  Left (93976)

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