

Evaluation Request Form

Patient Name: _____ **DOB:** _____ **Phone #:** _____

Date/Time of Appointment: _____ **Referring Physician:** _____

Carotid Artery Duplex Evaluation
 Indication: _____

Lower Extremity Arterial Evaluation

Infrainguinal Artery Duplex
 Bilateral **Unilateral** _____
 Indication: _____

Aorta / iliac artery duplex **
 Indication: _____

Physiologic testing (includes leg pressures, pulse volume evaluation, and toe pressures)
 Indication: _____

Upper Extremity Arterial Evaluation

Bilateral **Unilateral** _____
 Indication: _____

Physiologic testing (includes multiple level arm pressures, pulse volume evaluation, digit pressures)
 Indication: _____

Abdominal Vascular Duplex Evaluation**

Abdominal Aortic Aneurysm **Renal Arteries**
 Mesenteric Arteries **Hepatoportal**
 Indication: _____

Lower Extremity Venous Evaluation

Infrainguinal Venous Duplex
 Bilateral **Unilateral** _____
 Indication: _____

Inferior Vena Cava / Iliac vein duplex **
 Indication: _____

Upper Extremity Venous Evaluation

Bilateral **Unilateral** _____
 Indication: _____

Dialysis Access Evaluation

Bilateral **Unilateral** _____
 Indication: _____

Physician Signature: _____ **Date :** _____

We are highly skilled in every type of vascular ultrasound examination. If you need information not covered by the above choices, please call and we can easily accommodate your needs.

Information for the Patient

You have been scheduled for a vascular ultrasound evaluation at Quality Vascular Imaging. The date and time of your test should be noted and we typically call to confirm your appointment the day prior. **Important - Please bring this form with you to your appointment.** The exam is to evaluate for the presence of vascular disease. Vascular ultrasound diagnosis is painless and noninvasive with NO injections, contrasts, or X-ray. The length of your test will be approximately ¾ to 1 ½ hours depending upon the exam and other factors. There is no preparation for this test **unless** you are scheduled for an exam that involves abdominal vessels noted with an asterisk ** in which case you should have no food or drink (except water and medication) 8 hours prior to the test. Diabetic patients may eat if necessary.

Quality Vascular Imaging accepts assignment of benefits for all Medicare patients. QVI will also bill any other insurance company for you if you bring all insurance information to your appointment. For billing inquiries, please call.

**For more information, please call or visit us on the web:
www.qualityvascular.com**