

**Patient Information (Required for Scheduling)**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F SS#: XXX-XX-\_\_\_\_\_  
First & Last Name

Patient's Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone#: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Plan & Product

Secondary Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Plan & Product

**Order Information - Vascular Ultrasound**

Diagnosis: \_\_\_\_\_ ICD-CM Code: \_\_\_\_\_

Test/Service: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Please check appropriate box(es):**

**Cerebrovascular Evaluation:**

**Carotid / Vertebral Artery Duplex (93880)**

**Peripheral Venous Evaluations:**

- Lower Extremity Venous Duplex and Iliocaval Duplex** – Duplex of the ilioacaval, femoropopliteal, tibioperoneal & great saphenous veins. Complete bilateral study. (93970)
- Lower Extremity Venous Duplex + Iliocaval Duplex PRN** – Iliocaval segments examined based on abnormal test results, significant risk factors, or clinical concern of PE. Complete bilateral study. (93970)
- Lower Extremity Venous Duplex Only** – Duplex of the femoropopliteal, tibioperoneal, & great saphenous veins. Complete bilateral study. (93970)
- Lower Extremity Venous Duplex Unilateral Study (93971)**  RT  LT
- Upper Extremity Venous Examination Bilateral** – Duplex of the IJV, Subclavian, Axillary, and are veins (93970)
- Upper Extremity Venous Duplex Unilateral Study (93971)**  RT  LT

**Peripheral Arterial Evaluations:**

- Lower Extremity Arterial Examination (93924)**
  - Physiologic testing (Segmental Pressures, Exercise Testing, ABI's)
  - Duplex: Aortoiliac & femoropopliteal prn (Abnormal physiologic test/patient not able to tolerate exercise test)
- Upper Extremity Arterial Examination** – Physiologic testing and imaging (93923)
- Specialized Upper Extremity Evaluations** – Physiologic Testing
  - Thoracic Outlet (93923)**  **Raynaud's Phenomenon (93923)**

**Dialysis / Vascular Access Site Evaluations:**

- Pre-op Dialysis Access Site Evaluation** – Duplex & Physiologic Testing (93970)
- Dialysis Access Site Evaluation** – Duplex with Physiologic Testing prn (93990)

**Abdominal Vascular Evaluations – Duplex**

- Renal Artery (93975)**  **Mesenteric (93975)**  **Abdominal Aortic Aneurysm (93978)**

**Other:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Referring Physician Information**

Physician Name (first & last): \_\_\_\_\_ NPI#: \_\_\_\_\_ GA License#: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax #: \_\_\_\_\_

**I hereby certify that the services in the above order form are medically necessary.**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



Fax Orders to: 404.501.1743  
Phone: 404.501.2660

**VASCULAR ULTRASOUND  
ORDER FORM**



P S - 1 0 4 7

DMC FORM # PS-1047 (03/18/15)