Request for Referral

VASCULAR INTERVENTIONAL SPECIALISTS

CORA

Ultrasound

REFERRING OFFICE

Referring Doctor:

Date:

ICD-10 Codes:

Office Phone:

PATIENT INFO

Patient Name:

DOB:

Patient Phone:

Patient Email:

PERIPHERAL ARTERIAL EVALUATIONS

☐ Arterial/Doppler/Duplex Study: ABI, PPG and/or segmental pressures, imaging

◯ Lower extremity ◯ Upper extremity

PERIPHERAL VENOUS EVALUATIONS

☐ Venous Doppler Duplex

☐ Assessment for Venous Thrombosis (DVT)

☐ Pelvic Venous Outflow

☐ Unilateral study inclusive of contralateral comparison

◯ Arm ◯ Leg ◯ Right ◯ Left ◯ Bilateral

SPECIALIZED VENOUS EVALUATIONS

☐ Lower Extremity Reflux – to test for venous insufficiency ◯ Right ◯ Left ◯ Bilateral

☐ Post-Ablation Lower Extremity Duplex ◯ Right ◯ Left ◯ Bilateral

☐ Vein Mapping Duplex ◯ Arm ◯ Leg ◯ Right ◯ Left ◯ Bilateral

ABDOMINAL AND OTHER VASCULAR DUPLEX EVALUATIONS

☐ Complete Abdominal Duplex Study ☐ Limited Abdominal Duplex Study

☐ Complete Aorta with Doppler Study ☐ Carotid & Vertebral Artery Duplex (extracranial evaluation)

☐ Dialysis Access Evaluation ☐ Pre-op Dialysis ◯ Right Arm ◯ Left Arm

☐ Renal Duplex ☐ Other:

PHYSICIANS

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