



**NORTH HOLLYWOOD
CARDIO-VASCULAR
CENTER**

VASCULAR LAB

**NORTH HOLLYWOOD
CARDIO-VASCULAR Center**

12134 Victory Blvd.
North Hollywood, CA 91606
Ph: 888-526-4848
Fax: 818-927-2088

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Male Female

Referring Physician (Print): _____

Referring Physician Signature: _____

Referring Physician Phone: _____ Fax: _____

Insurance: _____ Authorization #: _____

OFFICE USE ONLY:

Exam Date: _____

Exam Time: _____

RESULTS:

STAT Phone Results

ARTERIAL ULTRASOUND

Left Right BIL

- | | |
|--|---|
| <input type="checkbox"/> ABI [93922] | <input type="checkbox"/> PVR [Resting 93923] [Exercise 93924] |
| <input type="checkbox"/> Aorta iliac – Celiac, SMA, Renal [93978] | <input type="checkbox"/> Renal Artery Evaluation [93975] |
| <input type="checkbox"/> Lower Extremity [UNI 93926] [BIL 93925] | <input type="checkbox"/> Upper Extremity [UNI 93931] [BIL 93930] |
| <input type="checkbox"/> Male Pelvis [93980] | <input type="checkbox"/> Other: _____ |

Signs / Symptoms (required)

- | | |
|--|---|
| <input type="checkbox"/> Aneurysm disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Claudication | <input type="checkbox"/> Ischemic ulceration |
| <input type="checkbox"/> Decreased/Absent pulses | <input type="checkbox"/> PVD, Atherosclerosis |
| <input type="checkbox"/> Erectile dysfunction | <input type="checkbox"/> Rest pain |
| <input type="checkbox"/> Gangrene/Pre-gangrenous changes | <input type="checkbox"/> Other: _____ |

CEREBROVASCULAR ULTRASOUND

- Extracranial (Carotid Duplex)** [UNI 93882] [BIL 93880]

Signs / Symptoms (required)

- | | |
|---|--|
| <input type="checkbox"/> Amaurosis fugax | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Cervical bruit | <input type="checkbox"/> Syncope with collapse |
| <input type="checkbox"/> CVA <input type="checkbox"/> TIA | <input type="checkbox"/> Weakness of limb |
| <input type="checkbox"/> Facial weakness | <input type="checkbox"/> Other: _____ |

VENOUS ULTRASOUND

Left [93971] Right [93971] BIL [93970]

- Dialysis Access**
- Lower Extremity**
- Upper Extremity**
- Venous Map for Dialysis Access** [G0365, 93931]
- Other:** _____

Signs / Symptoms (required)

- Dialysis Access AFV/AVG
- DVT
- Edema
- Erythema
- Inflammation
- LE Edema s/p major surgical proc.
- Non-Healing Wound/Ulcer
- Tenderness
- Varicose Veins
- Other: _____