		STANFORD HEALTH CARE PLEASANTON, CALIFORNIA 94588
ADDRESSOGRAPH - PATIENT NAME, MEDICAL RECORD NUMBER		OUTSIDE ORDERS VASCULAR SURGERY LAB
Foday's Date: Patient Name: Attending Provider:	MR#:	DOB:
Print Name	Phone	Pager#
not pay for the test, the patient should be inceptance of responsibility for the cost of Ancillary services must have a diagn	informed and aske f the test if the car losis, symptom, or co se "rule out", Probat LEAST ONE IS RI	mplaint on file that establishes medical necessity of each test. ole", or "screening for" diagnosis.
□ CVA/ TIA: □ Left □ Right □ Amaurosis Fugax □ Left □ Right □ Subclavian Steal □ s/p Endarterectomy/ Stent □ Carotid Stenosis □ Syncope/ Vertebrobasilar Disease □ Fibromuscular Hyperplasia (FMH) □ Other	Bilat Bilat	□ Left□ Right □ Bilat □ Lower Extremity □ Upper Extremity □ Edema/ Pain □ Hx Deep Venous Obstruction □ Hx Superficial Thrombophlebitis □ s/p Thrombolysis/ Stent □ Pulmonary Embolus □ Venous Insufficiency (Venous reflux only) □ Vein Mapping □ Bypass □ AVF □ Other
□ ABI'S (PRESSURES & WAVEFORMS □ Lower Extremity □ Upper Extremity □ Claudication □ Rest Pain □ Gangrene or Ulcer □ Non-healing Wound □ PVD unspecified □ Other	·)	□ AORTOILIAC DUPLEX ULTRASOUND □ ILIOCAVAL DUPLEX ULTRASOUND □ PVD unspecified □ Embolic phenomenon □ Pulsatile Mass □ AAA □ Bruit □ Hx Lower Extremity Aneurysm □ s/p AAA Stent/ Iliac Stent □ IVC or Iliac Vein Obstruction □ Other
□ ARTERIAL DUPLEX ULTRASOUND □ Lower Extremity □ Left □ Right □ □ Upper Extremity □ Left □ Right □ I □ Femoral Bruit □ Left □ Right □ I □ Pulsatile Mass □ surveillance of Arterial Bypass or Stent □ Hx of Popliteal/Femoral Aneurysm □ Other_	Bilat	□ RENAL/ MESENTERIC DUPLEX ULTRASOUND □ Mesenteric Angina □ s/p Mesenteric Bypass or Stent □ Uncontrollable HTN □ Renal Artery Stenosis □ s/p Renal Transplant □ s/p Renal Artery Bypass Stent □ Ueft □ Right □ Other

PROVIDER SIGNATURE PRINT NAME DATE TIME PAGER #

Stanford Healthcare
Vascular Laboratory-Vascular Surgery
5565 W. Las Positas Blvd., Ste 320.
Pleasanton, CA 94588

Schedule Appointment: (925) 278-7010 FAX: (925) 278-7015 Medical Director: Jennifer A. Avise, MD Vascular Sonographer: Ali Chakari, RVT RVS