

Spencer Vascular Laboratory

REFERRAL FORM

Continuing his Vision, Merrill P. Spencer, M.D. (1922-2006)

Please choose a location below: (Full address at bottom page)

- | | | |
|--|---------------------------------|--------------------------|
| <input type="checkbox"/> Swedish Medical Center-Cherry Hill Campus | Scheduling: 206-320-4400 | Fax: 206-320-4696 |
| <input type="checkbox"/> Swedish Medical Center-First Hill Campus | 206-386-6980 | 206-386-6606 |
| <input type="checkbox"/> Valley Medical Center Campus | 425-656-5560 | 425-6565561 |
| <input type="checkbox"/> Northwest Hospital Campus | 206-838-8390 | 206-838-8392 |



Patient Information

Patient's Name (Last): _____ (First) _____ (MI) _____ DOB: _____

Patient Phone # (Home): _____ (Alternate) _____

Today's Date: _____ Exam Date: _____ Exam Time: _____

Patient Insurance: _____ Is Insurance Pre-authorization Required? YES / NO

Previous Vascular diagnostic studies? If yes : Patient will bring Office will fax

Referring Provider Information

Referring Physician: _____ Referring Physician Signature (Required): _____

Phone # (Office): _____ (Fax) _____

Indications / Symptoms for Exam(s) Ordered (Required): _____

Ultrasound Examination Requested: (Check all that apply)

CEREBROVASCULAR EXAMS

- CVE-Cerebrovascular Evaluation (Extracranial and Intracranial arteries pm)
 - w/o Intracranial (TCD)
- TCD-Transcranial Doppler Complete
- TCD-Bubble Study only (PFO)
- TCD-EMB (Emboli Monitoring)
 - Anterior or Posterior
- TCD- HTS Head Turn Syncope
- TCD-CO2 Vasomotor Challenge

Other _____

ABDOMINAL EXAMS * (check one only)

- AO/IL – Aorta-Iliac Duplex
- REN – Renal Artery Duplex
- MES – Mesenteric Artery Duplex
- POR – Portal/Splenic Vein Duplex

Other _____

* Fasting Requested (except for diabetics)

SPECIALIZED EXAMS

- FIB – Fibula-Flap Duplex
- TRAM – Tram Flap Duplex
- MAM – Mammary Artery Duplex (pre-CABG)
- RAD – Radial Artery Evaluation (pre-CABG)
- PEN – Penile Duplex (Penile/Brachial index, limited duplex)

Other _____

PERIPHERAL VEINUS

- LEV - Lower Extremity Venous Duplex (DVT)
 - Bilateral Right Left
- LEVR - Lower Extremity Venous Reflux
 - Bilateral Right Left
- UEV - Upper Extremity Venous Duplex
 - Bilateral Right Left
- Lower Extremity Vein Mapping
 - Bilateral Right Left
- Upper Extremity Vein Mapping
 - Bilateral Right Left
- Dialysis Access Duplex
 - Right Left

Other _____

ARTERIAL EXAMS

- LEA - Lower Extremity Arterial Evaluation (physiologic and duplex pm)
 - w/o Aorta-Iliac
- BPG – Bypass Graft Duplex
 - Bilateral Right Left
- UEA - Upper Extremity Arterial Evaluation
 - Bilateral Right Left
- TOS - Thoracic Outlet Arterial Doppler Evaluation
- DI – Extremity Digit Testing
 - Upper Lower Bilateral Right Left
- GRD - Groin Duplex, post catheterization (R/O PSAN)
 - Right Left
- PSAN – Pseudoaneurysm Compression
- TCPO2 – Transcutaneous O2 (not offered at all locations)

Other _____

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