

VASCULAR ULTRASOUND AFTER-HOURS ORDER FORM

Note: Not to be registered as an E.D. patient

Patient Name				_
Ordering Physician				
Vascular Ultrasour	nd			
☐ Arterial Duplex/ABI UpperLower		opler Lower		uplex-DVT testing Lower
LeftRight	Left	Right	Left	Right
☐ Carotid Duplex	☐ Renal Artery Duplex	☐ Aortic duplex	d □ Other:	
Check all indications that	apply:			
ARTERIAL ☐ Aneurysm ☐ Atherosclerosis ☐ Claudication ☐ Digital Ischemia ☐ Diminished Pulses ☐ Gangrene ☐ Pseudoaneurysm ☐ PVD	ARTERIAL ☐ Radial/Ulnar Dominance ☐ Raynauds ☐ Rest Pain ☐ Stent Patency ☐ Stenosis ☐ Thoracic Outlet ☐ Ulceration	VENOUS ☐ Erythema ☐ Limb Pain ☐ Limb Swelling ☐ PE ☐ Mapping ☐ Thrombophlebit	is	CAROTID ☐ Amaurosis Fugax ☐ Aneurysm ☐ Bruit ☐ CVA ☐ Surgical Follow-Up ☐ Dissection
Other**:* May not	meet insurance guidelines and	patient may be liable		
Physician Signature				
WHEN RESULTS A	RE AVAILABLE, PLE	ASE CONTACT	Г:	
HOW TO CONTACTOR	T (Circle one): NG MACHINE – PA	GER - CELL	PHONE -	FAX
PHONE/PAGER/CE	ELL PHONE # TO BE	CALLED:		
FAX # TO BE USE	D:			

Instructions for patient: Tell the registrar at the ED they are to be seen as an outpatient for vascular ultrasound testing only.

Registrar to call ASCOM phone ext 4824 (UCMC) ext 7457 (HMH) to inform sonographer the patient is here and ready.

General instructions:

- * Wear loose clothing and garments.
- * Do not wear lotions, powder or deodorant the day of your test.
- * No caffeinated or decaf beverages or nicotine at least 1 hour prior to your test.
- * Aortic and Renal Artery Duplex require no eating or drinking after midnight the night before the test. You may take medications with small sips of water
- * Additional instructions will be given when you schedule your appointment through ScheduleFirst.

DIRECTIONS:



