



Fredericksburg



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Please fax office notes & labs with this referral form to (540) 654-9116.

For STAT orders, please call (540) 654-9118

Date: _____

Patient Name		Phone Number
Date of Birth	Social Security Number	
Consultation		
Clinical Indication		
Requested by:	Provider Signature:	
Phone:	Fax:	

PLEASE CHECK APPROPRIATE VISIT TYPE BELOW

Vascular Ultrasounds

Please designate Right/Left and/or Upper or Lower Extremity as appropriate.

- *Abdominal Doppler for
 - *Aortic Duplex
 - *Liver (TIPS, Arterial, Venous)
 - *Mesenteric Doppler
 - *Renal Artery Doppler
 - *Renal Transplant

Arterial Doppler with ABI/PVR:

- UE LE

Arterial Duplex: R L UE LE

Carotid Doppler

Fistula Duplex: R L UE LE

Pedal Artery Duplex: R L

Groin for Pseudoaneurysm: R L

Venous Doppler: R L UE LE

Venous Insufficiency Ultrasound:
 R L

Vein Mapping for Fistula:
 R L UE LE

Vein Mapping for Bypass:
 R L UE LE

Consultations

- Abdominal Aortic Aneurysm (AAA)
- Arterial Disease/Claudication
- Carotid Artery Disease (CAD)
- Interventional Oncology
 - Chemo Embolization
 - Ablation
 - Y90
 - Venous Access

Inferior Vena Cava (IVC) Filter

Leg Pain

Lower Extremity Ulceration

Migraine Headache: SpenoCath

Prostate Artery Embolization

Pelvic Pain

Pre-Op: _____

Uterine Fibroid Embolization

Venous Insufficiency/Varicose Veins

Vertebral Compression Fracture

Other: _____

Procedures

Aspiration: _____

Biopsy:

*Dialysis Catheter Placement

*Fistulagram:

- R L UE LE

Gastrostomy Tube Replacement

Gastrostomy Tube Removal

*IVC Filter Placement or Removal

Joint Injection: _____

Midline Placement

Speno Cath

Spinal Injections (Facet, Epidural, Nerve Root Block, etc.): _____

Paracentesis (Diagnostic/Therapeutic)

PICC Placement or Removal

*Port Placement

Thoracentesis

(Diagnostic/Therapeutic): R L

Other: _____

**Patient must be NPO for these exams*

For patient scheduling, please call: (540) 654-9118 or email: scheduling@vivassociates.com

Please bring this form with you to your appointment.

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