



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

*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: \_\_\_\_\_