CHEYENNE VASCULAR

4140 Laramia Street, Cheyenne, WY 82001 (307) 778-1849

Order for Vascular Lab examinations - Appointment required for all exams.

Patient Name: ____ Sex: _________ DOB: ______________

Phone (H): ____________________________ (W): _____________________________ Date: ______________

Referring Physician: _______________________________________ Phone: ________________________

STAT Report? Yes __________ No__________

DIAGNOSIS (Required) f: Please indicate prior interventional procedures and/or bypass grafts

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Referring Physician Signature (REQUIRED): ______________________

Please check the appropriate exam:

_____ Arterial Doppler *(PVR,* segmental pressures and Doppler waveform analysis - for the evaluation of PVP)

Upper ___________ Lower ___________

_____ Arterial Duplex (Ultrasound evaluation for bypass graft, stent placement and aneurysm)

Site: __________________________________

Upper ___________ Lower ___________

Right ___________ Left __________

_____ Venous Duplex (Ultrasound evaluation to determine the presence of DVT)

Upper ___________ Lower ___________

Right ___________ Left __________

_____ Venous Duplex, IVC and/or Iliac (Ultrasound evaluation to determine the presence of DVT)

_____ Venous Reflux (Ultrasound evaluation for Venous Insufficiency)

Right ___________ Left __________

_____ Carotid Duplex _____ Transcranial Duplex _____ Aortic Duplex

_____Renal Artery Duplex ____ Hemodialysis Access Duplex