

Date: ____/____/____ Referring Provider Name: _____

Patient Name: _____ Phone: (____) _____ Fax: (____) _____
LAST FIRST

DOB: ____/____/____ Age: _____ Provider Signature: _____

Patient Phone: (____) _____ STAT ORDER After-Hours Results Ph: _____

ICD 10: _____ After-Hours Results Fax: _____

Clinical History: _____

Insurance: _____ Auth #: _____ CC to: _____

Indications for Tests Ordered - Please check appropriate box(es)

PERIPHERAL VENOUS (Venous Insufficiency or DVT):

- Limb swelling or edema
- Focal limb pain
- Hx of deep venous thrombosis or superficial thrombophlebitis
- Varicose Veins
- Lower extremity ulceration
- Pre-op Vein Mapping for Bypass
- Pre-op Dialysis Access Mapping
- Other: _____

CAROTID/EXTRACRANIAL ARTERIAL DUPLEX:

- Transient Ischemic Attack (TIA)
- Cerebrovascular Accident (CVA)
- Visual Disturbance
- Carotid Bruit
- Asymmetrical brachial blood pressures
- Other: _____

AORTOILIAC DUPLEX AND ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING:

- AAA Preventative Screening
- Pulsatile abdominal mass
- Known presence of another aneurysm
- Family history of AAA
- Surveillance of aortic or iliac stent or graft
- Other: _____

PHYSIOLOGIC ARTERIAL EXAMS (ABI/TBI):

- Claudication
- Limb pain, at rest
- Absent peripheral pulses
- Ulcer or gangrene
- Digital cyanosis
- Cold Sensitivity
- Known atherosclerotic dz
- Trauma
- Other: _____

PERIPHERAL ARTERIAL DUPLEX:

- Claudication
- Ischemic rest pain
- Arterial ulceration
- Peripheral arterial disease
- Suspected arterial embolization
- Trauma
- Other: _____

RENAL:

- Abdominal bruit
- Uncontrolled hypertension
- Ischemic renal failure
- F/U surveillance of renal revascularizations
- Surveillance of known renal artery disease

RENAL (cont.):

- Suspected or known renal artery aneurysm
- FMD
- Other: _____

MESENTERIC DUPLEX:

- Abdominal bruit
- Postprandial pain
- Unexplained weight loss
- Follow-up or surveillance of mesenteric revascularizations and interventions
- Surveillance of patients with known mesenteric artery disease
- Other: _____

ILIAC VEIN DUPLEX:

- Rule out Stenosis Occlusion
- Stent Surveillance
- Other: _____

INFERIOR VENA CAVA DUPLEX:

- Edema/swelling (especially if unilateral)
- Suspected pulmonary embolism (SOB, CP, hemoptysis)
- Limb swelling
- Limb pain/tenderness
- Varicose Veins
- Lower extremity ulceration
- Hypercoagulable state
- Post-operative evaluation of filter device
- Pallor (phlegmasia alba dolens)
- Cyanosis (phlegmasia cerulea dolens-iliofemoral thrombosis)
- Positive D-dimer test result
- Other: _____

LIVER:

- Ascites
- Abdominal pain
- Abdominal distention
- Esophageal varices
- Variceal hemorrhage
- Pre-op evaluation for a transplant procedure
- Suspected acute Budd-Chia Ascites
- Cirrhosis
- TIPS Evaluation
- Other: _____

Other Exam Not Listed (see reverse) / Additional Notes:

Mint Medical Vascular Ultrasound Services are available at our Oakland location:

1300 Clay Street
Suite 165
Oakland, CA 94612

Monday - Friday
8:00 AM - 5:00 PM

510.823.2211

888.480.6615

Mint Medical services are provided at the Inview Imaging clinic in Oakland.

inviewimaging.com

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