Referral ☐ Urgent ☐ Not Urgent

Please check mark for which location:

- ☐ 2255 South Bascom Avenue, Campbell CA, 95008
- ☐ 8420 Church Street, Gilroy CA, 95020
- ☐ 1667 Dominican Way, Suite 130, Santa Cruz, CA 95065

Patient Name: _____ Date: _____

Telephone: _____ Date of Birth: _____

Insurance Company: _____ Policy #: _____

Referring Physician: _____ Referring Physician Telephone/Fax: _____

ARTERIAL TESTING:

- ☐ *Hemodialysis Access Surveillance*
- ☐ *Lower Extremity Arterial (Duplex + ABI Testing)*
- ☐ *Aneurysm/Bypass Graft (Surveillance)*
- ☐ *Upper Extremity Arterial Evaluation*
- ☐ *Arterial Exercise Testing*

CEREBROVASCULAR TESTING:

- ☐ *Carotid/Vertebral Duplex*

ANCILLARY TESTING:

- ☐ *Radial Artery/Allen's Testing*
- ☐ *Raynaud's Testing UE LE*
- ☐ *Temporal Artery Exam*
- ☐ *Thoracic Outlet (TOS)*
- ☐ **VENOUS THROMBOSIS/CLOT MANAGEMENT**
  (Acute Lovenox Administration, anticoagulation instruction and management as desired by referring physician).

VENOUS TESTING:

- ☐ *Reflux/Insufficiency* ☐ *R* ☐ *L*
- ☐ *Upper Extremity R/O* ***DVT*** ☐ *R* ☐ *L*
- ☐ *Lower Extremity R/O* ***DVT*** ☐ *R* ☐ *L*

ABDOMINAL VASCULAR EVALUATION:

- ☐ *AAA/Aorto-Iliac U/S*
- ☐ *Renal Artery U/S*
- ☐ *Messenteric/Visceral*

SCREENING (Stroke/AAA/PAD)
(Generally NOT covered by insurance)

- ☐ *Stroke/Carotid*
- ☐ *AAA*
- ☐ *PAD (ABI/TBI)*

Phone: 408-376-3626 **Fax:** 408-871-2377
www.SouthBayVascular.com • Info@SouthbayVascular.com

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INDICATIONS FOR REQUESTED TESTING:

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