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Evaluation Request Form

Patient Name: _____ **DOB:** _____ **Phone #:** _____

Date/Time of Appointment: _____ **Location:** *Circle above - map on reverse*

Referring Physician: _____ **Indication:** _____

Please call for any question or clarification.

To be completed by Referring Physician

Information for the Patient (Maps on reverse side)

- Cerebrovascular Evaluation**
 (Carotid & vertebrbasilar-extracranial/intracranial):
 Duplex scanning, physiologic testing & transcranial Doppler
 prn (abnormal extracranial test/symptomatic patient)

- Lower Extremity Arterial Evaluation** (complete
 bilateral including duplex scanning of aorta, iliac and
 infrainguinal arteries plus physiologic testing)
 Unilateral specify: _____

- Specialized lower extremity studies
 Graft surveillance Right Left
 Type of graft if known _____

- Physiologic Testing** (including toe pressures / healing
 potential)

- Upper Extremity Arterial Evaluation**
 Bilateral Unilateral or specify: _____
 Duplex scanning and physiologic testing PRN

- Lower Extremity Venous Evaluation ***
 Bilateral Unilateral specify: _____
 *Iliac – IVC segments are evaluated based on
 abnormal test results, risk factors or PE
 **Venous recovery times added for venous
 insufficiency studies

- Upper Extremity Venous Evaluation**
 Bilateral Unilateral specify: _____

- Abdominal Vascular Evaluation (Specify):**
 Renal Mesenteric Abdominal Aortic Aneurysm
 Hepatoportal Other _____

- Dialysis Access Site Evaluation:** (Duplex
 scanning & physiologic testing prn (steal phenomenon)

- Other:** specify _____

IMPORTANT NOTE: Please bring this referral slip to your appointment!

You have been scheduled for the vascular ultrasound evaluation indicated above. The Quality Vascular Imaging Laboratory location for your test should be circled above, and the day and time of your test are shown above. Maps are provided on the back of this slip.

The exam is to evaluate for the presence of vascular disease. The length of your test will be approximately ¾ to 1 ½ hours depending upon the exam and other factors. All testing is non-invasive and there are NO injections, contrasts, or X-ray. Vascular ultrasound diagnosis is noninvasive, painless, and poses no known risk. There is no preparation for this test unless you are scheduled for a peripheral arterial or abdominal evaluation, in which case you should have no food or drink (except water and medication) 8 hours prior to the test. Diabetic patients should eat and take medication as usual.

Billing Information

Quality Vascular Imaging accepts assignment of benefits for all Medicare patients. QVI will also bill any other insurance company for you if you bring all insurance information to your appointment. For billing inquiries, please call your local QVI office.

If you have any other questions, please feel free to call at any of our locations.

**For more information, visit us on the web:
www.qualityvascular.com**

Physician Signature: _____