

Patient Information (Required for Scheduling)

Patient Name: _____ DOB: _____ Sex: M F SS#: XXX-XX- _____

First & Last Name

Patient's Address: _____

Street

City

State

Zip Code

Home Phone#: _____ Mobile Phone #: _____ Email Address: _____

Primary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____

Plan & Product

Secondary Insurance: _____ Policy #: _____ Group #: _____ Phone #: _____

Plan & Product

Order Information - Vascular Ultrasound

Diagnosis: _____ ICD-CM Code: _____

Test/Service: _____ Appointment Date: _____ Time: _____

Please check appropriate box(es):

Cerebrovascular Evaluation:

Carotid / Vertebral Artery Duplex (93880)

Peripheral Venous Evaluations:

Lower Extremity Venous Duplex and Iliocaval Duplex – Duplex of the ilioacaval, femoropopliteal, tibioperoneal & great saphenous veins. Complete bilateral study. (93970)

Lower Extremity Venous Duplex + Iliocaval Duplex PRN – Iliocaval segments examined based on abnormal test results, significant risk factors, or clinical concern of PE. Complete bilateral study. (93970)

Lower Extremity Venous Duplex Only – Duplex of the femoropopliteal, tibioperoneal, & great saphenous veins. Complete bilateral study. (93970)

Lower Extremity Venous Duplex Unilateral Study (93971) RT LT

Upper Extremity Venous Examination Bilateral – Duplex of the IJV, Subclavian, Axillary, and are veins (93970)

Upper Extremity Venous Duplex Unilateral Study (93971) RT LT

Peripheral Arterial Evaluations:

Lower Extremity Arterial Examination (93924)

-Physiologic testing (Segmental Pressures, Exercise Testing, ABI's)

-Duplex: Aortoiliac & femoropopliteal prn (Abnormal physiologic test/patient not able to tolerate exercise test)

Upper Extremity Arterial Examination – Physiologic testing and imaging (93923)

Specialized Upper Extremity Evaluations – Physiologic Testing

Thoracic Outlet (93923) Raynaud's Phenomenon (93923)

Dialysis / Vascular Access Site Evaluations:

Pre-op Dialysis Access Site Evaluation – Duplex & Physiologic Testing (93970)

Dialysis Access Site Evaluation – Duplex with Physiologic Testing prn (93990)

Abdominal Vascular Evaluations – Duplex

Renal Artery (93975) Mesenteric (93975) Abdominal Aortic Aneurysm (93978)

Other: _____

Special Instructions: _____

Referring Physician Information

Physician Name (first & last): _____ NPI#: _____ GA License#: _____

Physician Address: _____ Phone#: _____ Fax #: _____

I hereby certify that the services in the above order form are medically necessary.

Physician Signature: _____ Date: _____ Time: _____



DeKalb Medical

Fax Orders to: 404.501.1743

Phone: 404.501.2660

**VASCULAR ULTRASOUND
ORDER FORM**

DMC FORM # PS-1047 (03/18/15)



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