FOX
VEIN & VASCULAR

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Date _____

Diagnostic Vascular Laboratory Order Request

Patient Name _____

History _____

Appt. Date _____ Time _____

☐ Left ☐ Bilateral ☐ Right

☐ Arm
☐ Leg

☐ ABI/PVR ☐ ABI & PVR Pre & Post Exercise
☐ Aortic Duplex
☐ Arterial Duplex
☐ Carotid Duplex
☐ Dialysis Access Duplex
☐ Digital Studies ☐ with Access Open and Closed
☐ Graft Duplex
☐ Vein Mapping
☐ Venous Duplex ☐ R/O DVT ☐ Reflux ☐ Post-EVLT
☐ Pelvic Venous Imaging
☐ Pedal Arterial Duplex

Authorization Req. YES / NO _____ Auth # _____

Requesting MD _____