Medical Record Number

Patient Name

Addressograph or Label - Patient Name, Medical Record Number

STANFORD HEALTH CARE
STANFORD, CALIFORNIA 94305

OUTSIDE ORDERS VASCULAR SURGERY ULTRASOUND

Today's Date:_____

Patient Name:_____ MR#:_____ DOB:_____

Attending Provider:_____ _____ _____
Print Name *Phone* *Pager #*

Medicare will only pay for services that are reasonable and necessary for the diagnosis and treatment of the patient. The Physician must specify an ICD diagnosis code to indicate the medical necessity of each test requested. Medicare and other carriers may not pay for screening tests or tests that are not FDA approved. If there is reason to believe that a carrier will not pay for the test, the patient should be informed and asked to sign an Advanced Beneficiary Notice (ABN) indicating acceptance of responsibility for the cost of the test if the carrier denies payment.

Ancillary services must have a diagnosis, symptom, or complaint on file that establishes medical necessity of each test.
Do not use "rule out", "probable", or "screening for" diagnosis.

ICD DIAGNOSIS CODE(S) (AT LEAST ONE IS REQUIRED): 1._____ 2._____

❑ CAROTID/ VERTEBRAL ARTERY ULTRASOUND
- ❑ CVA/ TIA:_____
- ❑ Bruit ❑ Left ❑ Right ❑ Bilat
- ❑ Amaurosis Fugax ❑ Left ❑ Right ❑ Bilat
- ❑ Subclavian Steal
- ❑ s/p Endarterectomy/ Stent
- ❑ Carotid Stenosis
- ❑ Vasospasm
- ❑ Syncope/ Vertebrobasilar Disease
- ❑ Fibromuscular Hyperplasia (FMH)
- ❑ **Other**_____

❑ VENOUS ULTRASOUND
- ❑ Left ❑ Right ❑ Bilat
- ❑ Lower Extremity ❑ Upper Extremity
- ❑ Edema/ Pain
- ❑ Hx Deep Venous Obstruction
- ❑ Hx Superficial Thrombophlebitis
- ❑ s/p Thrombolysis/ Stent
- ❑ Pulmonary Embolus
- ❑ Venous Insufficiency (Venous reflux only)
- ❑ Vein Mapping ❑ Bypass ❑ Arteriovenous Fistula (AVF)
- ❑ **Other**_____

❑ ABI'S (PRESSURES & WAVEFORMS)
- ❑ Lower Extremity ❑ Upper Extremity
- ❑ Claudication
- ❑ Rest Pain
- ❑ Gangrene or Ulcer
- ❑ Non-healing Wound
- ❑ PVD unspecified
- ❑ **Other**_____

❑ AORTOILIAC DUPLEX ULTRASOUND
❑ ILIOCAVAL DUPLEX ULTRASOUND
- ❑ PVD unspecified
- ❑ Embolic phenomenon
- ❑ Pulsatile Mass
- ❑ AAA
- ❑ Bruit
- ❑ Hx Lower Extremity Aneurysm
- ❑ s/p AAA Stent/ Iliac Stent
- ❑ IVC or Iliac Vein Obstruction
- ❑ **Other**_____

❑ ARTERIAL DUPLEX ULTRASOUND
- ❑ Lower Extremity ❑ Left ❑ Right ❑ Bilat
- ❑ Upper Extremity ❑ Left ❑ Right ❑ Bilat
- ❑ Femoral Bruit ❑ Left ❑ Right ❑ Bilat
- ❑ Pulsatile Mass
- ❑ Surveillance of Arterial Bypass or Stent
- ❑ Hx of Popliteal/Femoral Aneurysm
- ❑ **Other**_____

❑ RENAL/ MESENTERIC DUPLEX ULTRASOUND
- ❑ Mesenteric Angina
- ❑ s/p Mesenteric Bypass or Stent
- ❑ Uncontrollable HTN
- ❑ Renal Artery Stenosis
- ❑ s/p Renal Transplant ❑ Left ❑ Right
- ❑ s/p Renal Artery Bypass Stent ❑ Left ❑ Right
- ❑ **Other**_____

PROVIDER SIGNATURE **PRINT NAME** **DATE** **TIME** **PAGER #**

Heart and Vascular Clinics
Vascular Laboratory
Boswell, A32, M/C 5308
Schedule Appointment: (650) 725-5227 FAX: (650) 723-3600
Medical Director: Matthew W. Mell, MD
Lab Supervisor: Khoa Dam, RVT

15-3050 (02/17)