



Table with 4 columns: Location, Address, Phone, Fax. Rows include Livonia, Canton, Jackson, Ann Arbor, and Brighton.

Date: _____

Vascular Lab Requisition

Office Instructions:

- Complete this requisition
Call the appropriate Michigan Heart office to schedule test
Provide the necessary diagnosis and Medicare or insurance information
Fax a copy of this requisition to the Michigan Heart office to ensure necessary documentation is on file
Check the appropriate patient instructions on the reverse side and give copy to the patient after reviewing instructions

HMO Referral
Was Generated
Not Applicable

Patient Name: Last First Date of Birth: _____

SJMH#: _____ Patient Home Phone: () _____

Test Date: _____ Time: _____ Ordering Physician: _____

Send Copy of Report to: _____ Phone: () _____ Primary Ins. _____

All Items Must be Completed – Incomplete Information will Delay Examination

- 1) Signs or symptoms and pertinent history justifying each test:
2) Known related diagnoses or acute or chronic illnesses:
3) I authorize the Cardiologist to order an extension or modification of this test if clinically indicated.
No, please call me before extending or modifying this test

Physician Signature: _____

TEST ORDERED (Please Check Test)

Table with 3 columns: Venous, Arterial, Cerebrovascular

- Venous Duplex LE (93970-71) – Right Left Bilat
Deep Vein Thrombosis 453.40
Unilat. Edema 782.3
Unilat. Pain 729.5
Thrombophlebitis 451.2
Progression of documented DVT 453.40
Other

- Arterial Duplex LE (93925)
Graft Flow Velocities V58.49
Pseudoaneurysm 442.9
Femoral Aneurysm 442.3
Popliteal Aneurysm 442.3
Other

- Carotid Duplex (93880/93882)
TIA 435.9 Carotid Stenosis 433.10
Stroke 434.91 Syncope 780.2
Follow-up 433.10 Pre-op V72.83
Bruit 785.9
Visual Disturbance 368.9
Vertigo of central origin 386.2
Other

- Venous Duplex UE (93970-71) – Right Left Bilat
Unilat. Edema 782.3
Unilat. Pain 729.5
Thrombophlebitis 451.84
Pulmonary Embolism 415.19
Other

- Arterial Doppler LE (ABI's) (93922)
Claudication / PVD 443.9
Atherosclerosis of the Extremities 440.20
Ulcer 707.10
Post Revascularization 440.30
Atherosclerosis w/ Rest Pain 440.22
Other

Abdominal
No food/drink after 12 a.m. for ALL abdominal studies

- Venous Reflux (93965)
Venous Insufficiency 459.81
Varicose Veins 545.9
Vein Mapping (93970-71) – Right Left Bilat
Pre-op V72.83 UE LE

- Walking Tolerance Test (93924)
Claudication / PVD 443.9
Arterial Doppler UE (93930.31)
Arterial Injury 903.9
Claudication 440.20
Digital Ulceration 707.8
PVD 443.9
Other

- Renal Duplex (93975-76)
Renal Artery Stenosis 440.1
Fibromuscular Dysplasia 447.3
Hypertension 401.1
Post Revascularization 440.1
Other

- Abdominal Aorta (93978-79)
Abdominal Aortic Aneurysm 441.9
Dissection 441.02
Other

- SMA/Celiac (93978-79)
Stenosis 447.4
Post Prandial Pain 789.09
Other

PATIENT INSTRUCTIONS:

- Bring this form with you. It is required at check-in
- Please arrive 15 minutes prior to your scheduled appointment

Venous

Appointment Length – Approx. 45 minutes

There is no preparation for this test

Arterial

Appointment Length – Approx. 45 minutes

There is no preparation for this test

If walking tolerance test, wear walking shoes and pants

Cerebrovascular

Appointment Length – Approx. 45 minutes

There is no preparation for this test

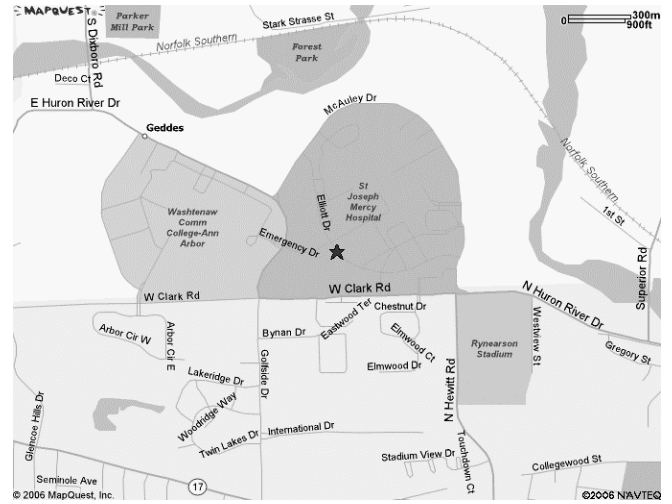
Abdominal

Appointment length – Approx. 1 hour

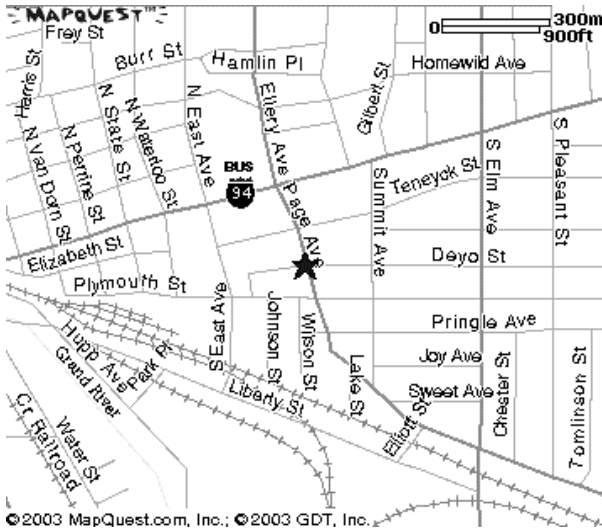
- 1) Nothing to eat or drink after midnight for all abdominal studies
- 2) All medication may be taken with water

DATE AND TIME OF TEST: _____

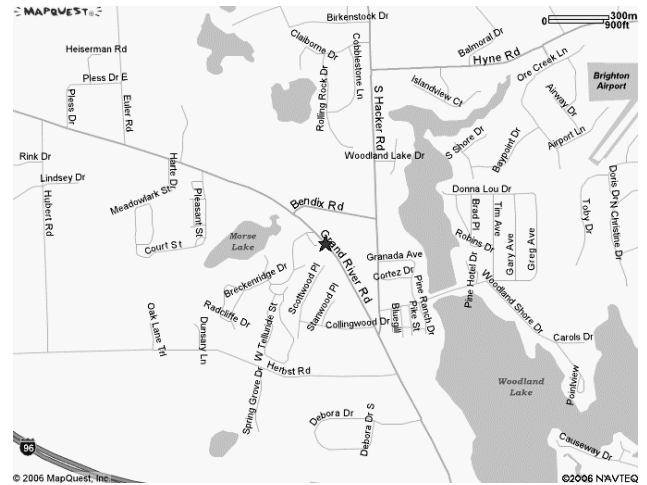
- Bring your insurance card and hospital registration card with you
- If you are unable to keep your appointment, 24 – hour notification is required



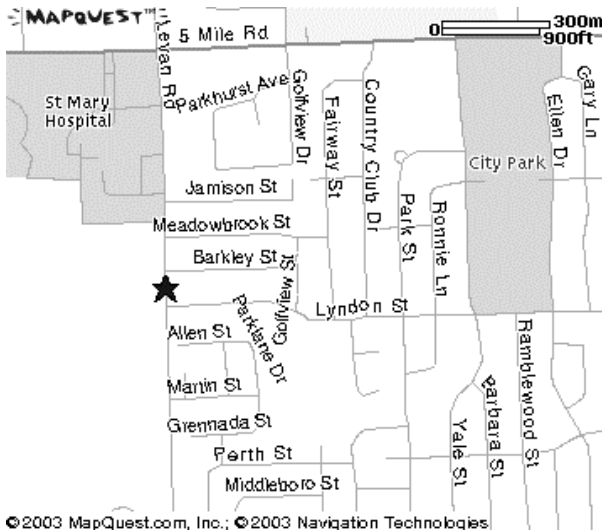
**5325 Elliott Drive, Suite 202
Ypsilanti, MI 48197**



**309 Page Avenue
Jackson, MI 49201**



**7575 Grand River, Suite 206
Brighton, MI 48114**



**Marian Pavilion
14555 Levan Rd. Suite 203
Livonia, MI 48154**



**1600 S. Canton Center Rd., Suite 345
Canton, MI 48188**