

HEART AND VASCULAR CENTER

OUTPATIENT ORDER SAHS-2143 Centralized Scheduling: 208-367-8787 Fax: 208-367-7788 \square M \square F Patient Name Patient Phone Insurance Provider ICD-9 Code(s)/Diagnosis Preauthorization Number(s) per procedure Exam Date Exam Time am/pm CC: Call patient to schedule exam Schedule by (date) Office Phone Contact Person at Office Office Fax **Provider Name Provider Signature** Date/Time Common exams and indications are listed below. Fill in appropriate indications if not listed. **NONINVASIVE** RIGHT ᇤ INDICATIONS VASCULAR LAB **Carotid Duplex** ☐ Bruit ☐ CVA ☐ TIA ☐ Hx of Stenosis ☐ Amaurosis Fugax ☐ Subclavian Steal ☐ Other **Transcranial** ☐ Intracranial Cerebrovascular Disease Other _ Doppler Upper Extremity ☐ Pain ☐ Swelling ☐ Erythema ☐ Other **Venous Duplex** (To confirm or exclude deep venous thrombosis) Lower Extremity **Venous Duplex** ☐ Swelling □ Erythema ☐ Dyspnea/SOB ☐ Other **Lower Extremity Venous** ☐ Varicose Veins ☐ Stasis Dermatitis ☐ Venous Ulcers ☐ Other _ Insufficiency **Lower Extremity** Arterial* ☐ ABI with toe pressure & PPG ☐ ABI without toe pressure & PPG Other ___ ☐ Claudication ☐ Decreased Pulses ☐ Ulcer Treadmill/exercise Doppler pre & post ABIs Arterial duplex ☐ Aortoiliac duplex TCPO2 ☐ Wound Healing ☐ Gangrene/Necrosis **Upper Extremity** Arterial ☐ Pain ☐ Weakness/Numbness Other __ Doppler Duplex Pseudoaneurysm ☐ Groin Pain ☐ Post Cath Procedure ☐ Other Check **Abdominal Aorta** ☐ Monitoring AAA ☐ Suspected AAA ☐ Abdominal Bruit ☐ Other Duplex* **Mesenteric Duplex*** ☐ Abdominal Pain □ Other ☐ Hypertension ☐ Renal Artery Stent ☐ Chronic Kidney Disease **Renal Duplex** Complete* ☐ Abdominal Bruit ☐ Other ☐ Acute Renal Failure Fistula Graft ☐ Steal ☐ Poor Dialysis Function ☐ Prolonged Bleeding ☐ History of Recurring Thrombosis Surveillance Pre-Op Dialysis ☐ Upper Extremity □ Lower Extremity **Access Mapping** Saphenous Vein ☐ Pre-op ☐ Other _ Mapping **EKG INDICATIONS EKG Holter Monitor** □24hr □48hr □72hr Stress EKG/Treadmill **ECHOCARDIOGRAPHY INDICATIONS Echocardiogram (transthoracic) Echo with Bubble Study Echo with Definity Contrast Pediatric Echo** Exercise Stress Echo**

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*Call Heart & Vascular Center at 208-367-2700 for special instructions.

*Cardiologist must be present for this test, so must be scheduled via cardiologist's office.

Dobutamine Stress Echo** Transesophageal Echo (TEE)**