



Vascular Associates of Northern Virginia

Vascular Laboratory

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Timely and considerate care of the arterial and venous systems

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VASCULAR LAB ORDER FORM



NAME:

DOB:

CEREBROVASCULAR EXAMINATION:

Common Diagnosis Codes (check at least one)

CAROTID, VERTEBRAL

433.10 Carotid sten w/o infarct

780.2 Syncope

Duplex Scan

435.9 TIA, unspecf

785.9 Carotid bruit

VENOUS EXAMINATION:

UPPER / LOWER EXTREMITY *(Check Please)*

729.5 Pain in limb(req add dx)

451.41 CFV/fem v DVT-acute

Deep Vein Thrombosis Duplex Scan

729.81 Swelling of limb

451.42 Pop/tibial v DVT-acute

Superficial/Deep Venous

454.8 Varicose veins w/ pain

453.51 Old iliac,fem,pop DVT

Insufficiency Duplex Scan

782.0 Nmbnes/tingling/burning

453.52 Old tibial vein DVT

Bilateral Right Left *(Check One)*

ARTERIAL EXAMINATION:

UPPER / LOWER EXTREMITY *(Check Please)*

440.22 Rest pain

250.70 DM II circ dis

Seg Pressures,PVR&DopplerWave Forms

440.23 Isch ulcers

440.21 Claudication

Ankle Brachial Index (ABI's)

785.9 Weak pulse

440.24 Gangrene

Duplex Imaging w/ Doppler Spectral Analysis

Bilateral Right Left *(Check One)*

ABDOMINAL DUPLEX IMAGING:

Aorta / Iliac Arteries

441.4 AAA

447.3 FMD, renal art

IVC / Iliac Veins

442.83 Splenic aneurysm

440.0 Aortic sten

Mesenteric Arteries

557.1 Mesenteric art sten

440.1 Renal art sten

Renal Arteries

OTHER STUDIES:

Vasospastic Syndromes

443.0 Raynaud's synd

435.2 Subclavian steal

Thoracic Outlet Syndrome

353.0 Thoracic outlet synd

996.73 Comp due to AV access

SubclavianStealSynd with Duplex Imaging

780.4 Dizziness / vertigo

782.0 Nmbnes/tingling/burning

Postop Angioplasty Duplex Scan

AV Access Duplex Scan

Venous Mapping Upper / Lower extremity

(circle one)

CLINICAL HISTORY:

Same Day Report

Routine Report

Date:

Referring Physician:

Telephone Report #

Fax Report #