



Vascular Associates of Northern Virginia

Vascular Laboratory

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VASCULAR TESTING ORDER FORM

DUE DATE: _____ DATE: _____

PATIENT: _____ DOB: _____

CLINICAL HISTORY:

DIAGNOSIS: Please be Specific and include Right, Left or Both when required.

Description	ICD-10

CEREBROVASCULAR EXAMINATION:

CAROTID VERTEBRAL

Duplex Scan

VENOUS EXAMINATION:

UPPER/LOWER EXTREMITY (RT, LT, Both)

- Deep Vein Thrombosis Duplex Scan
- Superficial/Deep Venous Insufficiency Duplex Scan

ARTERIAL EXAMINATION:

UPPER/LOWER EXTREMITY

- Seg. Pressures, PVR & Doppler Wave Forms
- Ankle Brachial Index (ABI's)
- Duplex Imaging w/ Doppler Spectral Analysis (RT, LT, Both)

- Same Day Report
- Routine Report
- Physician Consultation Requested

Referring Physician _____

Telephone Report # _____ Fax Report # _____

ABDOMINAL DUPLEX IMAGING:

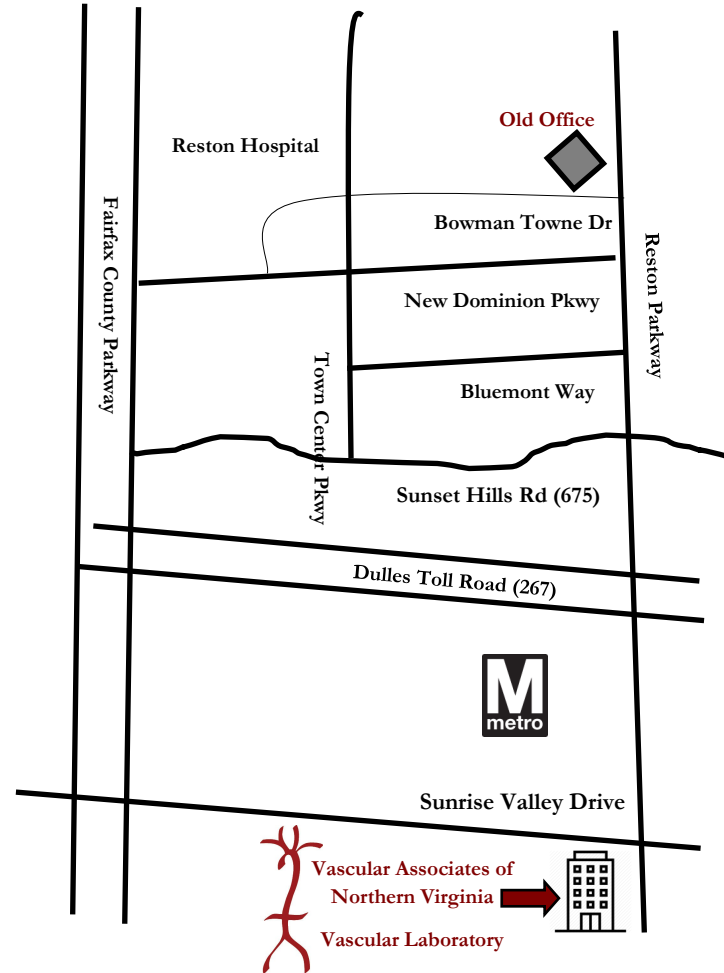
- Aorta / Iliac Arteries
- IVC / Iliac Veins
- Mesenteric Arteries
- Renal Arteries

OTHER STUDIES:

- Vasospastic Syndromes
Upper / Lower extremity (circle one)
- Thoracic Outlet Syndrome (RT or LT)
- Subclavian Steal Syndrome w/ Duplex Imaging (RT or LT)
- AV Access Duplex Scan (RT or LT)
- Venous Mapping (RT, LT, Both)
Upper / Lower extremity (circle one)

Disclaimer/Authorization

The Physicians of Vascular Associates of Northern Virginia are authorized and have my permission to add or delete any additional imaging procedures required to appropriately diagnose the patient I am referring NO



Conveniently located just South of the Dulles Toll Road

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Suite 120

Reston, VA 20191

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