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ViVa Virginia Interventional & Vascular Associates | Richmond

Date: _____

Patient Name: _____ Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Consultation: _____

Clinical Indication: _____

Requested by: _____ Provider Signature: _____ Phone : _____

Fax: _____

PLEASE CHECK THE APPROPRIATE VISIT TYPE BELOW

Vascular Ultrasounds

Please Designate **Right/Left** and/or **Upper** or **Lower Extremity** as appropriate.

- ❑ *Abdominal Doppler for
  - ❑ *Aortic Duplex
  - ❑ *Liver Doppler
  - ❑ *Mesenteric Doppler
  - ❑ *Renal Artery Doppler
  - ❑ *Renal Transplant
- ❑ Arterial Doppler with ABI/PVR:
  ❑ UE ❑ LE
- ❑ Arterial Duplex:
  ❑ R ❑ L ❑ UE ❑ LE
- ❑ Carotid Doppler
- ❑ Fistula Duplex:
  ❑ R ❑ L ❑ UE ❑ LE
- ❑ Groin for Pseudoaneurysm:
  ❑ R ❑ L
- ❑ Venous Doppler:
  ❑ R ❑ L ❑ UE ❑ LE
- ❑ Venous Insufficiency Ultrasound:
  ❑ R ❑ L
- ❑ Vein Mapping for Fistula:
  ❑ R ❑ L ❑ UE ❑ LE
- ❑ Vein Mapping for Bypass:
  ❑ R ❑ L ❑ UE ❑ LE

Consultations

- ❑ Arterial Disease/Claudication
- ❑ Interventional Oncology
  - ❑ Chemo Embolization
  - ❑ Ablation
  - ❑ Y90
  - ❑ Venous Access
- ❑ Inferior Vena Cava (IVC) Filter
- ❑ Leg Pain
- ❑ Lower Extremity Ulceration
- ❑ Migraine Headache: SphenoCath
- ❑ Pelvic Pain _____
- ❑ Pre-Op:
- ❑ Uterine Fibroid Embolization
- ❑ Venous Insufficiency/Varicose Veins
- ❑ Vertebral Compression Fracture _____
- ❑ Other:

Procedures

- ❑ Aspiration: _____
- ❑ Biopsy: _____
- ❑ *Dialysis Catheter Placement
- ❑ *Fistulagram:
  ❑ R ❑ L ❑ UE ❑ LE
- ❑ Gastrostomy Tube Replacement
- ❑ Gastrostomy Tube Removal
- ❑ *IVC Filter Placement or Removal
- ❑ Joint Injection: _____
- ❑ Midline Placement
- ❑ Spheno Cath
- ❑ Spinal Injections (Facet, Epidural, Nerve Root Block, etc.): _____
- ❑ Paracentesis (Diagnostic/Therapeutic)
- ❑ PICC Placement or Removal
- ❑ *Port Placement
- ❑ Thoracentesis
  (Diagnostic/Therapeutic): ❑ R ❑ L
- ❑ Other: _____

*Patient must be NPO for these exams

FOR PATIENT SCHEDULING PLEASE CALL

Please bring this form with you to your appointment.

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