

# Vascular Ultrasound Diagnostic Imaging Order Form

\*Please refer to the electronic copy for the latest version.

Referred to Location	Order Fax Number	To Schedule Appointments, Call:
Asante Rogue Regional Medical Center	Routine: 541-789-7170 STAT/ASAP: 541-789-6180 All IR, MSK, and X-Rays: 541-789-7153	541-789-4322 All IR: 541-789-7173
Asante Ashland Community Hospital	541-488-5385	541-201-4380 All IR: 541-201-4378
Asante Three Rivers Medical Center	541-472-7067	541-472-7140

Order Priority	Definition
Routine	A diagnostic or therapeutic procedure that can be scheduled next available.
STAT (24 Hours)	Referring to a diagnostic or therapeutic procedure that is to be performed immediately.
ASAP (7 Days)	As soon as possible, a level of urgency less urgent than 'STAT.'

### Patient Information

Order Date (today's date):

Due By Date (if applicable):

Name:

Date of Birth:

Contact telephone number:

Symptoms/Reason for Study:

ICD-10 Code(s):

Insurance:

Pre-Authorization Number:

Height:                      Weight:

Patient mobility status:

Walker     Walker     Lift

Does the patient have a glucose monitor?

Yes     No

**If yes, must be removed prior to appointment with radiation**

Are interpreter services needed?

Yes     No

**Ordering Provider Name:**

**Ordering Provider Signature:**

Secondary Provider Name:

Please attach **H&P** and Chart Notes.



PATIENT LABEL

Ultrasound Vascular	Abdominal Arterial Mesenteric Abdominal Arterial Renal Duplex ABI Aorta/AAA (select one below) <input type="radio"/> Complete <input type="radio"/> Screening Arterial Lower (select below) <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Bilateral Arterial Upper (select one below) <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Bilateral Carotid Venous Lower (select one below) <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Bilateral Venous Upper (select one below) <input type="radio"/> Right <input type="radio"/> Left <input type="radio"/> Bilateral Other (specify)	NOTE: An ABI must be ordered and completed prior to ordering an Arterial study.
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PATIENT LABEL
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