



DIAGNOSTIC IMAGING PATIENT REFERRAL FORM

105 N. Bascom Ave. Ste. 104, San Jose, CA 95128
Tel: 408-918-0405 Fax: 408-918-0409
www.endovascularsurgerv.com map on back of this form

Patient Name _____ Date of Exam _____ Time of Exam _____
Referring Physician _____ Copies to be sent to _____
Reason for Consultation _____
Patient Symptoms _____ ICD-9 code _____

ULTRASOUND

- Ultrasound, non-vascular:
 Liver Pelvic (uterus, ovaries) (prostate)
 Kidney/Bladder Thyroid
 Soft tissue specify: _____

VASCULAR DUPLEX ULTRASOUND

Venous Duplex Ultrasound

- Venous for deep vein thrombosis, DVT
 Right Left Bilateral Leg Arm
 For Varicose Veins Reflux _____
 Pre op dialysis mapping Right Left

Arterial Duplex Ultrasound

- Carotid-vertebral arteries, bilateral
 Arterial Duplex Extremities for leg pain
 Bilateral Right Left
 ABI ankle/arm (ankle brachial index)
 Allen's test Digit evaluation (hand)
 Hemodialysis graft (fistula)
specify _____

Abdominal Vascular Evaluation

See NPO prep on back sheet

- Aorta / Iliac / Common Femoral
 Renal arteries HTN OR RENAL FLOW
 Portal vein PORTAL HYPERTENSION
 Mesenteric / Celiac LOSS, ABD ISCHEMIA
 Inferior Vena Cava / Iliac veins (Abd DVT)

CT Scan

Specify IV Contrast	with	without
<input type="checkbox"/> Head	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Chest	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Abdominal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pelvis	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> C-spine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thoracic Spine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Extremity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bilateral- <input type="checkbox"/> Arm <input type="checkbox"/> Leg		

CT Angiogram - CTA please specify

- Head Neck Chest Renal Arteries
 Aorta & Lower extremities
 other _____

MRI

- Head Neck
 Chest Abdominal/Pelvis
 C-spine Thoracic Spine Lumbar Spine
 Extremity
 Right Left Bilateral Arm Leg
Specify _____

Some Exams require Lab work prior

⌘ Creatinine & BUN is required for those patients receiving IV contrast for CTA who are diabetic, history of renal insufficiency & are 50 years of age or older.

See the map of facility and exam prep instructions is on the back side. ---->

For appointments call the office at 408-918-0405
Please provide the following for the day of your appointment.

- A list of current medications and dosage.
- Recent MRI, CT scan, Ultrasound, x-rays and/or reports.
- Copy of your recent medical records.

All CT's and Ultrasound please allow 1 hour for routine exam.

Prep for CT IV Contrast exams Please do not to eat or drink 4 hours before the exam.

Prep for Abdominal Ultrasound

- Nothing to eat or drink after 9 PM the night before the test.
- Do not eat vegetables or fruits with dinner the night before your test by eating a low fiber dinner.
- Take all medications on time with a small sip of water.
- If you are diabetic taking insulin eat a light breakfast of tea and toast.
- Also very important, take 2 TUMS before bedtime and again 2 TUMS in the AM of your exam.

Pelvic Ultrasound Eat and drink normally and please Do Not urinate 30 mins before exam.

From the North

US-101 South via the ramp to **San Jose**
Exit **I-880 S** toward **Santa Cruz/Los Gatos**
Take the exit toward **W San Carlos St**
Merge onto **Stevens Creek Blvd**
Turn **left** at **N Bascom Ave.**
U-turn at Naglee Ave light and the office will be on your Rt

From the West take 680 South

Becomes **280 North**
Exit to **880 N** towards **Oakland**
Take the Bascom Ave South exit
Merge onto **N Bascom Ave**
Destination is on your right.

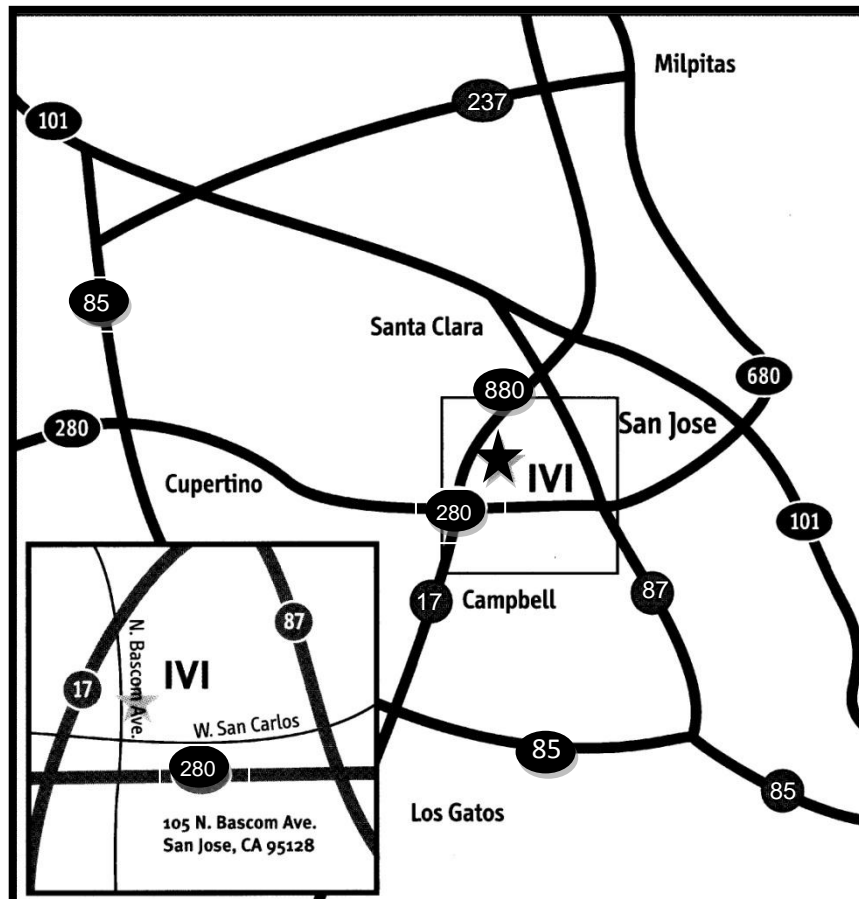
For more information visit us on the website

www.endovascularsurgerv.com

Interventional Vascular Institute
105 N. Bascom Ave. Ste. 104,
San Jose, CA 95128

Tel: 408-918-0405

Thank you for choosing IVI



From the South take 101 North
Take the exit onto **I-280 N** towards **Downtown San Jose**
Exit onto **I-880 N** toward **Oakland**
Take the **Bascom Ave** exit
Merge onto **N Bascom Ave**