PENNSTATE HERSHEY
Heart & Vascular Institute

Vascular Diagnostic Laboratory Exam Request Form

Imprint Patient Plate / Sticker

Date of Request:	Physician (print name):	
Requested Study Date:	Office Phone:	Pager:

Clinical Question / Reason for Exam:

Ordering Physician Signature:

Instructions:

1) Choose Desired Exam
2) MD Signature REQUIRED
3) Call Vascular Lab To Schedule at x8883
4) Fax Request to x8840
5) All Patient for Abdominal, Visceral, and Transplant Exams must be NPO after Midnight

Venous

❑Venous Duplex Scan for DVT
❍Arm | ❍Leg
❍ RT ❍LT ❍Bilateral

❑Venous Duplex Scan for Mapping
❍Arm | ❍Leg
❍ RT ❍LT ❍Bilateral

❑Venous Duplex Scan for Reflux
❍ RT ❍LT ❍Bilateral

❑Venous Perforator Marking

❑IVC and Iliac Veins

Arterial

❑Abdominal Aorta / Iliac Duplex

❑Arterial Brachial Index (ABI)

❑Arterial Bypass Graft Duplex
❍Arm | ❍Leg
❍RT ❍LT ❍Bilateral

❑Arterial Extremity Duplex
❍Arm | ❍Leg
❍RT ❍LT ❍Bilateral

❑Treadmill Exercise Study

❑PPG Of Extremity
❍Hand ❍Foot

❑Pseudoaneurysm / AV Fistula Study
❍Injection |

Cerebrovascular

❑Carotid Duplex

❑Transcranial Doppler
❍Anterior | ❍Posterior

❑Transcranial Doppler Embolic Detection

❑Bubble Study

❑ Axillo -Subclavian

Visceral Arterial / Venous

❑Liver

❑Renal
❍Arterial | ❍Venous

❑Mesenteric
❍Arterial | ❍Venous

❑TIPS

Dialysis Access

❑Hemodialysis Access Duplex

❑Dialysis Mapping Arterial

❑Dialysis Mapping Venous

Arterial Mapping

❑Radial/ Ulnar Pre OP for CABG

❑Peroneal Pre OP for Free Flap

❑Radial/ Ulnar Pre OP for Free Flap

❑Post OP Free Flap Graft

Transplant

❑Kidney

❑Liver

❑Pancreas

Other

❑Penile Brachial Index

❑Other Unlisted Exam:

Rev:12/09