

VASCULAR SURGERY ASSOCIATES, L.L.C.

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DATE: _____

PATIENT: _____ DOB: _____

In order for any test to be done at least one indication must be checked in that test category.

CAROTID DUPLEX ULTRASOUND (93880)

Indications: bruit amaurosis fugax TIA Stroke slurred speech
 Known carotid stenosis follow-up Vertebral Basilar Disease (dizziness)

LOWER EXTREMITY ARTERIAL EVALUATION (93922/93923/93924)

with exercise without exercise post op
Indications: claudication leg ulcer rest pain gangrene diabetes cyanosis (Raynaud's/Berger)

UPPER EXTREMITY ARTERIAL EVALUATION (93923)

Indications: claudication diabetes bruit cyanosis (Raynaud's/Berger) thoracic outlet syndrome
 diminished/unequal blood pressure in arm RT or LT

VENOUS DUPLEX ULTRASOUND (93970/93971)

upper extremity lower extremity
Indications: limb swelling limb pain trauma diabetes varicose veins SOB

ABDOMINAL ULTRASOUND(93979) (Screening evaluation for family history of AAA not covered by insurance)

Indications: AAA back pain abdominal pain bruit/pulsatile mass

RENAL ARTERY DUPLEX ULTRASOUND (93975)

Indications: hypertension

BYPASS GRAFT(93925/93926)

Indications: claudication patency diabetes stricture of artery thrombosis/embolization
 thrombosis of vein graft bypass thrombosis of prosthetic graft bypass

VEIN MAPPING

upper lower
Indications: pre-op vein harvest (fistula) pre-op vein harvest (lower extremity bypass)

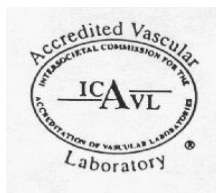
OTHER _____

Notes: _____

Physician Signature: _____

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