



Non-Invasive Vascular Laboratory Order Form
 Weill Cornell Medical College – Division of Cardiology
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Patient Name: _____ MRN: _____
 DOB: _____ Patient's Phone#: _____
 Ordering MD: _____ Insurance: _____
 MD Phone#: _____ Referral? Yes No
 MD Fax#: _____ Appointment Date: _____

Clinical Indications: Please choose from one or more of the following diagnosis codes:

CAROTID DUPLEX ULTRASOUND

Bilateral Unilateral : Right Left

Diagnosis/ ICD.9:

- | | | |
|---|--|--|
| <input type="checkbox"/> 785.9 Carotid Bruit | <input type="checkbox"/> 437.0 Cerebral Atherosclerosis | <input type="checkbox"/> 782.0 Disturbance of Skin Sensation |
| <input type="checkbox"/> 433.9 Occlusion/Stenosis of Precerebral Arteries | <input type="checkbox"/> 780.2 Syncope & Collapse | <input type="checkbox"/> 443.21 Dissection of Carotid Artery |
| <input type="checkbox"/> 433.1 F/U Study of Known Carotid Artery Stenosis | <input type="checkbox"/> 386.2 Vertigo of Central Origin | <input type="checkbox"/> 900.9 Injury: Head, Neck Vessels |
| <input type="checkbox"/> 435.9 Transient Cerebral Ischemia | <input type="checkbox"/> 435.3 Vertebrobasilar Artery Syndrome (dizziness) | <input type="checkbox"/> 996.74 F/U Study of Endarterectomy (CEA)
Date: _____ |
| <input type="checkbox"/> 362.84 Retinal Ischemia | <input type="checkbox"/> 435.2 Subclavian Steal Syndrome | <input type="checkbox"/> 996.74 F/U Study of Stent /
Date: _____ |
| <input type="checkbox"/> 368.12 Transient Visual Loss | <input type="checkbox"/> 784.3 Aphasia | <input type="checkbox"/> V45.89 Other Post-surgical Status |
| <input type="checkbox"/> 368.12 Subjective Visual Disturbance | <input type="checkbox"/> 784.5 Other Speech Disturbances | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 436.0 Acute Cerebrovascular Disease | <input type="checkbox"/> 781.2 Gait Abnormality | |
| | <input type="checkbox"/> 781.4 Transient Paralysis of Limb | |

ARTERIAL EVALUATION

LOWER EXTREMITY

UPPER EXTREMITY

ABI with Segmental Pressures and PVR Waveforms with Exercise
Arterial Duplex Ultrasound Bilateral Unilateral : Right Left

Diagnosis/ ICD.9:

- | | | |
|---|---|--|
| <input type="checkbox"/> 443.9 Atherosclerosis with Intermittent Claudication | <input type="checkbox"/> 443.0 Raynaud's Syndrome | <input type="checkbox"/> 903.8 Injury to Upper Extremity Arteries |
| <input type="checkbox"/> 440.22 Atherosclerosis with Rest Pain | <input type="checkbox"/> 443.1 Thrombangiitis Obliterans (Buerger's Disease) | <input type="checkbox"/> 997.2 Peripheral Vascular Complications, Unspec. |
| <input type="checkbox"/> 440.24 Ischemic Leg | <input type="checkbox"/> 447.6 Arteritis, Unspecified | <input type="checkbox"/> 996.1 Mechanical Complications of Vascular Implant or Graft |
| <input type="checkbox"/> 250.70 Diabetes with Peripheral Circulatory Disorders | <input type="checkbox"/> 996.62 Pseudoaneurysm or A-V Fistula | <input type="checkbox"/> 996.7 Other Complication of Device Implant or Graft |
| <input type="checkbox"/> 444.22 Arterial Embolism and Thrombosis of Lower Extremity | <input type="checkbox"/> 785.9 Bruit | <input type="checkbox"/> 996.74 Bypass Graft Surveillance/
Date: _____ |
| <input type="checkbox"/> 443.9 Peripheral Vascular Disease Unspecified | <input type="checkbox"/> 904.8 Injury to Lower Extremity Arteries | <input type="checkbox"/> 996.74 PTA/Stent Surveillance
Date: _____ |
| <input type="checkbox"/> 707.13 Ulcer- Ankle | <input type="checkbox"/> 442.3 Aneurysm of Artery of Lower Extremity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 707.15 Ulcer- Foot | <input type="checkbox"/> 998.2 Accidental Puncture during Procedure | |
| <input type="checkbox"/> 707.10 Ulcer of Lower Extremity, Unspecific. | <input type="checkbox"/> 444.21 Arterial Embolism and Thrombosis of Upper Extremity | |
| <input type="checkbox"/> 785.4 Gangrene | <input type="checkbox"/> 442.0 Aneurysm of Artery of UE | |

Patient Name: _____ MRN: _____

AORTA & ILIAC ARTERY DUPLEX ULTRASOUND *Fast from Midnight the night before.

Complete Study

Ultrasound Screening for AAA*

(*Eligibility: Male with Family History and Age ≥ 65 yo OR with Smoking History and Age ≥ 65 yo; Coverage varies with insurance carrier)

Diagnosis/ ICD.9:

- | | | |
|--|--|---|
| <input type="checkbox"/> 441.4 Aortic Aneurysm of Abdominal Aorta | <input type="checkbox"/> 996.74 Endovascular Graft Surveillance/
Date: _____ | <input type="checkbox"/> 902.50 Injury to Iliac Vessel |
| <input type="checkbox"/> 441.2 Aortic Aneurysm of Thoracic Aorta | <input type="checkbox"/> 996.74 Bypass Graft Surveillance/
Date: _____ | <input type="checkbox"/> 785.9 Bruit |
| <input type="checkbox"/> 441.9 Aortic Aneurysm of Unspec. Site | <input type="checkbox"/> 440.0 Atherosclerosis of Aorta | <input type="checkbox"/> 440.22 Atherosclerosis with Rest Pain |
| <input type="checkbox"/> 441.02 Dissection of Abdominal Aorta | <input type="checkbox"/> 798.69 Abdominal Tenderness Other
Specified Site | <input type="checkbox"/> 443.9 Atherosclerosis with Claudication |
| <input type="checkbox"/> 441.03 Dissection of Thoracic-Abd. Aorta | <input type="checkbox"/> 444.0 Embolism & Thrombosis of
Abdominal Aorta | <input type="checkbox"/> 996.1 Mechanical Complications of
Vascular Implant or Graft |
| <input type="checkbox"/> 443.29 Dissection of Other Artery | <input type="checkbox"/> 444.22 Arterial Embolism & Thrombosis of
Lower Extremity | <input type="checkbox"/> 996.7 Other Complication of Device Implant or
Graft |
| <input type="checkbox"/> 785.9 Other Symptoms Involving
Cardiovascular System | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 443.9 Other Peripheral Vascular Disease,
Unspecified | | |

RENAL ARTERY AND MESENTERIC ARTERIES DUPLEX ULTRASOUND *Fast from Midnight the night before.

Bilateral Unilateral : Right Left

Diagnosis/ ICD.9:

- | | | |
|--|---|---|
| <input type="checkbox"/> 440.1 Known Renal Artery Stenosis | <input type="checkbox"/> 442.1 Aneurysm of Renal Artery | <input type="checkbox"/> 445.89 Atheroembolism of Other Site |
| <input type="checkbox"/> 405.11 Secondary Hypertension,
Benign Renovascular | <input type="checkbox"/> 443.23 Dissection of Renal Artery | <input type="checkbox"/> 440.1 Atherosclerosis of the Renal Artery |
| <input type="checkbox"/> 405.01 Secondary Hypertension,
Malignant, Renovascular | <input type="checkbox"/> 443.29 Dissection of Other Artery | <input type="checkbox"/> 589 Unilateral Small Kidney |
| <input type="checkbox"/> 405.91 Secondary Hypertension,
Unspecified, Renovascular | <input type="checkbox"/> 996.7 PTA/Stent Surveillance/
Date: _____ | <input type="checkbox"/> 589.1 Bilateral Small Kidneys |
| <input type="checkbox"/> 405.99 Other Unspecified Secondary
Hypertension | <input type="checkbox"/> 441.02 Aortic Aneurysm/ Dissection of
Abdominal Aorta | <input type="checkbox"/> 785.9 Bruit |
| | <input type="checkbox"/> 902.40 Injury to Renal Vessel, Unspecified | <input type="checkbox"/> 557.0 Acute Vascular Insufficiency of
Intestine |
| | <input type="checkbox"/> 445.80 Atheroembolism of Kidney | <input type="checkbox"/> Other: _____ |

VENOUS ULTRASOUND LOWER EXTREMITY UPPER EXTREMITY

Bilateral Unilateral : Right Left

Study for Thrombus (DVT) Study for Valve Incompetency (Venous Insufficiency)

Diagnosis/ ICD.9:

- | | | |
|---|--|---|
| <input type="checkbox"/> 453.4 Deep Venous Thrombosis,
Unspecified | <input type="checkbox"/> 729.82 Limb Swelling | <input type="checkbox"/> 997.2 Peripheral Vascular complications |
| <input type="checkbox"/> 451.83 Phlebitis and Thrombophlebitis of
Upper Extremity | <input type="checkbox"/> 782.2 Edema | <input type="checkbox"/> 459.81 Venous Insufficiency |
| <input type="checkbox"/> 451.0 Superficial Vein Thrombosis of Lower
Extremity | <input type="checkbox"/> 415.19 Pulmonary Embolism | <input type="checkbox"/> 454.1 Varicose Veins of Lower Extremities
with Inflammation |
| <input type="checkbox"/> 451.82 Superficial Vein Thrombosis of the
Upper Extremity | <input type="checkbox"/> 786.05 Shortness of Breath | <input type="checkbox"/> 454.0 Varicose Veins of Lower Extremities
with Ulcer |
| <input type="checkbox"/> 782.2 Localized Superficial Swelling Mass
or Lump | <input type="checkbox"/> 786.50 Chest Pain, Unspecified | <input type="checkbox"/> 659.9 Unspecified Erythematous Condition |
| <input type="checkbox"/> 729.5 Limb Pain | <input type="checkbox"/> V12.52 Personal History: Thrombophlebitis | <input type="checkbox"/> 707.1 Ulcer of Lower Limb |
| | <input type="checkbox"/> 904.7 Injury to Lower Extremity | <input type="checkbox"/> V72.83 Other Specified Pre-operative Exam |
| | <input type="checkbox"/> 903.8 Injury to Upper Extremity | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> 459.2 Compression of Vein | |
| | <input type="checkbox"/> 998.2 Accidental Puncture or Laceration during
a Procedure | |

Referring Physician Signature: _____

Date: _____