*400 Rosalind Redfern Grover Parkway*

*Midland, Texas 79701*

*Phone: 432-221-1630 Fax: 432-221~~-~~4236*

**Echo-Vascular Lab**

Outpatient Order Form

Please fill out completely including diagnosis and ordering physician’s signature are provided.

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Appointment Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM PM

Ordering Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary care physician Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Reading Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Echocardiogram |  |  |  |
| Carotid Doppler |  |  |  |
| Venous Doppler Bilateral  |  | STAT BMP, if positive venous study |
| Venous Doppler Unilateral [ ] Left [ ] Right  |  | STAT BMP, if positive venous study |
| ABI/Segmental Pressure  |  |  |  |
| Arterial Doppler  |  |  |  |

 **Procedure(s) Scheduled**:

*\*All venous doppler studies with suspect DVT diagnosis must include a STAT BMP for positive venous studies.*

**Diagnosis (circle one):** *Please note these are the* ***most frequently used*** *diagnosis codes for each listed procedure. If none of these apply, please specify the applicable diagnosis in the space provided.*

|  |  |  |
| --- | --- | --- |
| **Echocardiogram** | **Venous Doppler** | **Arterial Doppler** |
| I21.3 | MI | M79.601 | Right arm pain | I73.9 | PAD / PVD |
| I25.10 | CAD | M79.602 | Left arm pain | I77.1 | Stricture of artery |
| 125.9 | IHD | M79.604 | Right leg pain | I72.4 | Aneurysm |
| R01.1 | Heart Murmur | M79.605 | Left leg pain | I72.9 | Pseudoaneurysm  |
| R06.02 | SOB / Dyspnea | R22.41 | Right leg swelling | Other: |  |
| R07.9 | Chest Pain | R22.42 | Left leg swelling | **ABI / Segmental Pressures** |
| I10 | Hypertension | R22.43 | Bilateral leg swelling | I70.219 | Claudication |
| I42.8 | Cardiomyopathy | R22.31 | Right arm swelling | M79.609 | Limb pain |
| I50.9 | CHF / Heart Failure | R22.32 | Left arm swelling | I73.9 | PDA / PVD |
| I51.7 | Cardiomegaly | R22.33 | Bilateral arm swelling | I70.233 | Right Leg Ulcer |
| Z79.899 | Long term drug therapy | I82.491 | Acute DVT Right Leg | I70.243 | Left Leg Ulcer |
| Z51.11 | Chemotherapy | I82.492 | Acute DVT Left Leg  | Other: |  |
| I48.91 | Atrial fibrillation  | I82.493 | Acute DVT Bilateral Leg | **Carotid Doppler** |
| R00.2 | Palpitations | I26.99 | Pulmonary Embolism | I65.23 | Carotid Stenosis |
| R94.31 | Abnormal EKG | R06.02 | SOB / Dyspnea | I63.8 | CVA |
| Z01.810 | Pre-Op Exam  | R60.0 | Edema | G45.9 | TIA |
|  |  |  |  | R09.89 | Carotid Bruit |

Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_