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### PERIPHERAL VASCULAR DUPLEX SCAN TESTING ORDER FORM

Referring Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Patient Information: (Please Fax Current Insurance Cards With Order - Front and Back.)

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

SS# \_\_\_\_\_ Primary Insurance \_\_\_\_\_

Precert Obtained (if required): Initials \_\_\_\_\_ Date \_\_\_\_\_ Precert # \_\_\_\_\_

**\* PLEASE PERFORM**

\_\_\_\_\_ Cerebrovascular Duplex Ultrasound: CAROTID

\_\_\_\_\_ Peripheral *Lower Extremity* ARTERIAL Duplex Ultrasound (LE) Specify Area: \_\_\_\_\_ L or R or B

\_\_\_\_\_ Peripheral *Upper Extremity* ARTERIAL Duplex Ultrasound (UE) Specify Area: \_\_\_\_\_ L or R or B

\_\_\_\_\_ Peripheral *Lower Extremity* VENOUS Duplex Ultrasound (LE) Specify Area: \_\_\_\_\_ L or R or B

\_\_\_\_\_ Peripheral *Upper Extremity* VENOUS Duplex Ultrasound (UE) Specify Area: \_\_\_\_\_ L or R or B

\_\_\_\_\_ Visceral Duplex Ultrasound: RENAL ARTERY

\_\_\_\_\_ Visceral Duplex Ultrasound: AORTA

\_\_\_\_\_ One Time Screening for AAA for High Risk Medicare Patients

No other AAA screening done prior, has at least one of the following:

Family history of AAA, or male age 65-75 who smoked at least 100 cigarettes

\*\* Diagnosis may be selected from the list on the back of this form →

Please check or circle all that apply or write ICD-9 code here \_\_\_\_\_

\*\*\* Requested Location of Test:

\_\_\_\_\_ North Office: 4160 Little York Road, Ste 20

\_\_\_\_\_ South Office: 7677 Yankee Street, Ste 120, Centerville

\*\*\*\* ✓ Ordering physician signature (no stamp) \_\_\_\_\_

CardioSD use only: Scheduled by: _____ Faxed: _____ Appt. Date: _____ Appt. Time: _____ Location: _____
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✓	CEREBROVASCULAR DUPLEX: CAROTID		✓	PERIPHERAL VENOUS DUPLEX SCAN (Cont.)	
	Abnormal Gait	781.2		Phlebitis & Thrombophl,LE Other (popl,tibial)	451.19
	Alteration of Awareness, Transient	780.02		Phlebitis & Thrombophl,LE superficial vessels	451.0
	Aneurysm, Neck Artery	442.81		Phlebitis & Thrombophl,LE unspecified	451.2
	Aneurysm, Subclavian Artery	442.82		Phlebitis & Thrombophl,UE deep veins	451.83
	Aphasia	784.3		Phlebitis & Thrombophl,UE superficial veins	451.82
	Bruit, Arterial	785.9		Phlebitis & Thrombophl,UE unspecified	451.84
	Disturbance of Skin Sensation	782.0		Postphlebotic Syndrome, w/out complications	459.10
	Dizziness, Giddiness	780.4		Postphlebotic Syndrome, with complications	459.19
	Embolism, Cerebral w/o cereb infarct	434.10		Pre-Op Exam Use w/ other DX	V72.81
	Embolism, Cerebral with cereb infarct	434.11		S/P Bypass	V45.81
	Hemiplegia, Flaccid, Dominant side	342.01		S/P Renal Dialysis	V45.1
	Hemiplegia, Flaccid, Non-Dominant side	342.02		Shortness of Breath	786.05
	Hemiplegia, Spastic, Dominant side	342.11		Swelling of Limb	729.81
	Hemiplegia, Spastic, Non-Dominant side	342.12		Tachypnea	786.06
	Injury _____ (specify)			Ulcer of Ankle	707.13
	Ischemia, Cerebral, Trans,Basilar Art Synd	435.0		Ulcer of Calf	707.12
	Ischemia, Cerebral, Trans,Subclav Steal Synd	435.2		Ulcer of Foot or Toes	707.15
	Ischemia, Cerebral, Trans,Verteb Art Synd	435.1		Ulcer of Heel & Midfoot	707.14
	Ischemia, Cerebral, Trans,Verteb/basilar Synd	435.3		Ulcer of Lower Limb, Other Part	707.19
	Lack of Coordination	781.3		Ulcer of Lower Limb, Unspecified	707.10
	Occlusion & Stenosis, Multiple & Bilateral	433.3		Ulcer of Thigh	707.11
	Occlusion & Stenosis,Basilar Art w/ cereb infarct	433.01		Ulcer, Chronic, Other Specified	707.8
	Occlusion & Stenosis,BasilarArt w/o cereb infarct	433.00		Varicose Veins, LE, w/inflammation	454.1
	Occlusion & Stenosis,Carotid Art w/ cereb infarct	433.11		Varicose Veins, LE, w/ulcer	454.0
	Occlusion & Stenosis,Carotid Art w/o cereb infarct	433.10		Varicose Veins, LE, w/ulcer & inflammation	454.2
	Occlusion & Stenosis,Vertebral Artery	433.2		Venous (peripheral) insufficiency, Unspecified	459.81
	Paralysis of Limb, Transient	781.4		Wheezing	786.07
	Paraplegia	344.1	✓	<b>VISCERAL DUPLEX SCAN:</b>	
	Pre-Op Exam Use w/ other DX	V72.81		<b>Duplex Scan of RENAL Artery</b>	
	Quadruplegia, unspecified	344.00		<b>Duplex Scan of AORTA</b>	
	Retinal Ischemia	362.84		Aneurysm, Abdominal, Not Ruptured	441.4
	Retinal Vascular Occlusion, Unspecified	362.30		Aneurysm, Abdominal, Ruptured	441.3
	Speech Disturbance, Other	784.5		Aneurysm, Iliac Artery	442.2
	Syncope, Collapse, Blackout,Fainting	780.2		Aneurysm, Lower Extremity Artery	442.3
	Thrombosis, Cerebral w/o cereb infarct	434.00		Aneurysm, Neck Artery	442.81
	Thrombosis, Cerebral with cereb infarct	434.01		Aneurysm, Other Visceral Artery (celiac,hepatic,etc.)	442.84
	TIA (transient ischemic attack)	435.9		Aneurysm, Renal Artery	442.1
	Visual Field Defect, Unspecified	368.40		Aneurysm, Splenic Artery	442.83
	Visual Loss, Sudden	368.11		Aneurysm, Subclavian Artery	442.82
	Visual Loss, Transient	368.12		Aneurysm, Thoracic, Not Ruptured	441.2
✓	<b>PERIPHERAL ARTERIAL (Upper &amp; Lower) DUPLEX SCAN</b>			Aneurysm, Thoracic, Ruptured	441.1
	Aneurysm, Abdominal, w/out rupture (L)	441.4		Aneurysm, Thoracoabdominal, Not Ruptured	441.7
	Aneurysm, Aorta, w/out rupture (U,L)	441.9		Aneurysm, Thoracoabdominal, Ruptured	441.6
	Aneurysm, Lower Extrem Artery (U,L)	442.3		Aneurysm, Upper Extremity Artery	442.0
	Aneurysm, Upper Extrem Artery (U,L)	442.0		Atherosclerosis, Extrem, Autologous Vein Bypass Graft	440.31
	Atherosclerosis, Extrem, w/clauidication (U,L)	440.21		Atherosclerosis, Extrem, Non-Autologous Bypass Graft	440.32
	Atherosclerosis, Extrem, w/gangrene (U,L)	440.24		Atherosclerosis, Extrem, w/clauidication	440.21
	Atherosclerosis, Extrem, w/rest pain (U,L)	440.22		Atherosclerosis, Extrem, w/gangrene	440.24
	Atherosclerosis, Extrem, w/ulceration (U,L)	440.23		Atherosclerosis, Extrem, w/rest pain	440.22
	Embolism & Thrombosis,Arterial,Lower Extr Art (L)	444.22		Atherosclerosis, Extrem, w/ulceration	440.23
	Embolism & Thrombosis,Arterial,Upper Extr Art (U)	444.21		Atherosclerosis, Specified Artery	440.8
	Embolism & Thrombosis,Iliac Artery (U,L)	444.81		Dissection of Aorta,Abdominal	441.02
	Gangrene (U,L)	785.4		Dissection of Aorta,Thoracic	441.01
	Injury _____ (specify) (U,L)			Dissection of Aorta,Thoracoabdominal	441.03
	Ischemia,Cerebral,Trans,Subclav Steal Synd (U)	435.2		Embolism & Thrombosis,Arterial,Abdominal Aorta	444.0
	Low Blood Pressure Reading, Nonspecific (U)	796.3		Embolism & Thrombosis,Arterial,Lower Extr Art	444.22
	Occlusion, Extremity Artery, Total (U,L)	440.4		Embolism & Thrombosis,Arterial,Thoracic Aorta	444.1
	Pain in Limb (L)	729.5		Embolism & Thrombosis,Arterial,Upper Extr Art	444.21
	Peripheral Vascular Disease (PVD), Unspec (U,L)	443.9		Embolism & Thrombosis,Iliac Artery	444.81
	Raynaud's Syndrome (U,L)	443.0		Embolism & Thrombosis,Other Specified Artery	444.89
	Rupture of Artery (U)	447.2		Embolism & Thrombosis,Other Unspecified Artery	444.9
	Stricture of Artery (L)	447.1		Hypertension, Benign	401.1
	Ulcer of Ankle (L)	707.13		Hypertension, Malignant	401.0
	Ulcer of Calf (L)	707.12		Hypertensive Chronic Kidney Dis,Benign,I-IV	403.10
	Ulcer of Foot or Toes (L)	707.15		Hypertensive Chronic Kidney Dis,Benign,V,ESRD	403.11
	Ulcer of Heel & Midfoot (L)	707.14		Hypertensive Chronic Kidney Dis,Malig,I-IV	403.00
	Ulcer of Lower Limb, Other Part (L)	707.19		Hypertensive Chronic Kidney Dis,Malig,V,ESRD	403.01
	Ulcer of Thigh (L)	707.11		Hypertensive Heart Disease,Benign, w/o CHF	402.10
	Ulcer, Chronic, Other Specified (U,L)	707.8		Hypertensive Heart Disease,Benign, with CHF	402.11
✓	<b>PERIPHERAL VENOUS DUPLEX SCAN</b>			Hypertensive Heart Disease,Malig, w/o CHF	402.00
	Chest Discomfort, Pressure, Tightness	786.59		Hypertensive Heart Disease,Malig, with CHF	402.01
	Chest Pain, Unspecified	786.50		Hypertensive Heart/Kid Dis,Benign,w/oCHF,I-IV	404.10
	Compression of Vein	459.2		Hypertensive Heart/Kid Dis,Benign,w/oCHF,V/ESRD	404.12
	Edema	782.3		Hypertensive Heart/Kid Dis,Benign,with CHF,I-IV	404.11
	Embolism & Infarct, Pulmonary, Iatrogenic	415.11		Hypertensive Heart/Kid Dis,Benign,with CHF,V/ESRD	404.13
	Embolism & Infarct, Pulmonary, Other	415.19		Hypertensive Heart/Kid Dis,Malignant,w/oCHF,I-IV	404.00
	Embolism & Thrombosis, LE distal	453.42		Hypertensive Heart/Kid Dis,Malignant,w/oCHF,V/ESRD	404.02
	Embolism & Thrombosis, LE proximal	453.41		Hypertensive Heart/Kid Dis,Malignant,with CHF,I-IV	404.01
	Embolism & Thrombosis, LE unspecified	453.40		Hypertensive Heart/Kid Dis,Malignant,with CHF,V/ESRD	404.03
	Embolism, Pulmonary, Septic	415.12		Peripheral Vascular Disease (PVD), Unspec	443.9
	Gangrene	785.4		Raynaud's Syndrome	443.0
	Pain in Limb	729.5		Rupture of Artery	447.2
	Phlebitis & Thrombophl, Iliac vein	451.81		Stricture of Artery	447.1
	Phlebitis & Thrombophl,LE deep vessels	451.1	✓	<b>One Time AAA Screening</b>	
	Phlebitis & Thrombophl,LE femoral vein	451.11		Family History of AAA	
	<b>Cont.</b>			Male 65-75 who smoked >100 cigarettes	