

REQUISITION ORDER

- | | |
|---|--|
| <input type="checkbox"/> VASCULAR CONSULTATION W/ IMAGING WORKUP
(Arterial Ultrasound, ABI, and Venous Insufficiency) | <input type="checkbox"/> WOUND CONSULTATION W/ IMAGING WORKUP
(Arterial Ultrasound, ABI, and Venous Insufficiency) |
|---|--|

- | | | |
|---|--|--|
| <input type="checkbox"/> VASCULAR CONSULTATION | <input type="checkbox"/> WOUND CONSULTATION | <input type="checkbox"/> DERMATOLOGY CONSULTATION |
|---|--|--|

PATIENT NAME _____ **DOB** _____

ADDRESS _____ **PHONE #** _____

INSURANCE TYPE _____ **REQUESTED DATE/TIME** _____

LOCATION: **NURSING FACILITY** **OFFICE** **PRIVATE HOME**

ULTRASOUND

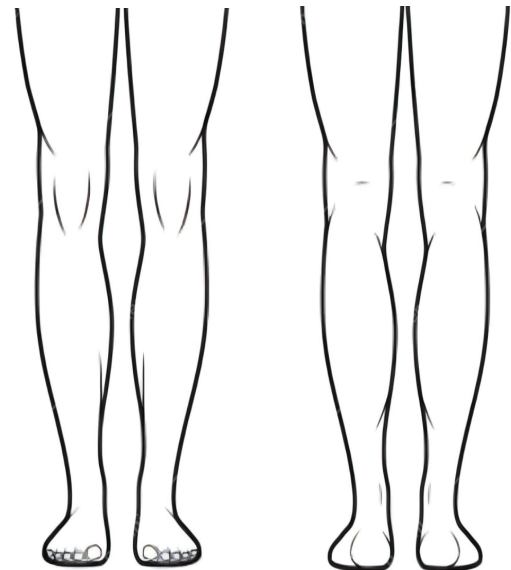
- Arterial US (Aortoiliac (93978), Lower Ext (93925), ABI (93922/93923/93924))**
 - For peripheral arterial disease, claudication, wounds.
- Venous Insufficiency (93970)**
 - For DVT, venous reflux, varicose veins, wounds.

L	R	B
L	R	B

INDICATE SIZE AND LOCATION OF WOUND

ANTERIOR

POSTERIOR



RIGHT LEFT

LEFT RIGHT

X-RAY

- KNEE (3 VIEWS) (73562)**
- TIBIA-FIBULA (2 VIEWS) (73590)**
- ANKLE (3 VIEWS) (73610)**
- FOOT (3 VIEWS) (73630)**
- CHEST (PA) (71044)**
- ABDOMEN W/O CONTRAST (74019)**
- ABDOMEN W/ CONTRAST (74019)**
 - G-tube placement

L	R	B
L	R	B
L	R	B
L	R	B

***NOTES:**

PHYSICIAN'S NAME _____	SIGNATURE _____	DATE _____
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Clinic Locations in Sherman Oaks, Valencia, Westlake Village, Oxnard, Beverly Hills, Westminster, Walnut, Glendale, and Lynwood.

Mobile services available throughout all of Southern California.



Please send form + facesheet/ front and back of Insurance card to orders@unifiedvascularwound.com (Email) or 818-906-6903 (Fax). You can also fill out the form online by scanning the QR code or by visiting unifiedvascularwound.com/orders/