UNIVERSITY of MARYLAND
UPPER CHESAPEAKE HEALTH

VASCULAR ULTRASOUND AND ECHOCARDIOGRAM ORDER FORM

Patient Name ____

Ordering Physician ______________________________ **Phone** ________________

Primary Care Physician ____________________________ **Date** __________________

Call ScheduleFirst to schedule an appointment: 443-843-7000 or 800-301-4799

Vascular Ultrasound

☐ **Arterial Duplex/ABI**
___Upper ___Lower
___Left ___Right

☐ **Venous Duplex- Reflux Testing**
___Upper ___Lower
___Left ___Right

☐ **Venous Duplex-DVT testing**
___Upper ___Lower
___Left ___Right

☐ **Carotid Duplex** ☐ **Renal Artery Duplex** ☐ **Aortic duplex** ☐ **Other**: _______________

Check all indications that apply:

ARTERIAL
☐ Aneurysm
☐ Atherosclerosis
☐ Claudication
☐ Digital Ischemia
☐ Diminished Pulses
☐ Gangrene
☐ Pseudoaneurysm
☐ PVD

ARTERIAL
☐ Radial/Ulnar Dominance
☐ Raynauds
☐ Rest Pain
☐ Stent Patency
☐ Stenosis
☐ Thoracic Outlet
☐ Ulceration

VENOUS
☐ Erythema
☐ Limb Pain
☐ Limb Swelling
☐ PE
☐ Mapping
☐ Thrombophlebitis

CAROTID
☐ Amaurosis Fugax
☐ Aneurysm
☐ Bruit
☐ CVA
☐ Surgical Follow-Up
☐ Dissection

Other**: ____

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_____Echocardiogram (2D echo, Doppler, color flow)

Check all indications that apply:

☐ Ventricular function and cardiomyopathies
☐ Myocardial infarction
☐ Exposure to cardiotoxic agents/chemotherapy
☐ Native valvular heart disease
☐ Endocarditis
☐ Aortic pathology

☐ Cardiac thrombus and embolic sources
☐ Arrhythmias _______________
☐ Hypertensive heart disease/ hypertrophic cardiomyopathy
☐ Prosthetic valves
☐ Pericardial disease
☐ Congenital heart disease

☐ Cardiac tumors & masses
☐ Cardioversion/ablation
☐ Syncope
☐ Post-heart surgery __________
☐ Chest pain
☐ Diastolic dysfunction
☐ Pulmonary hypertension/pulmonary embolism

Other**: ____

** May not meet insurance guidelines and patient may be liable for charges (when other diagnosis code(s) are used)

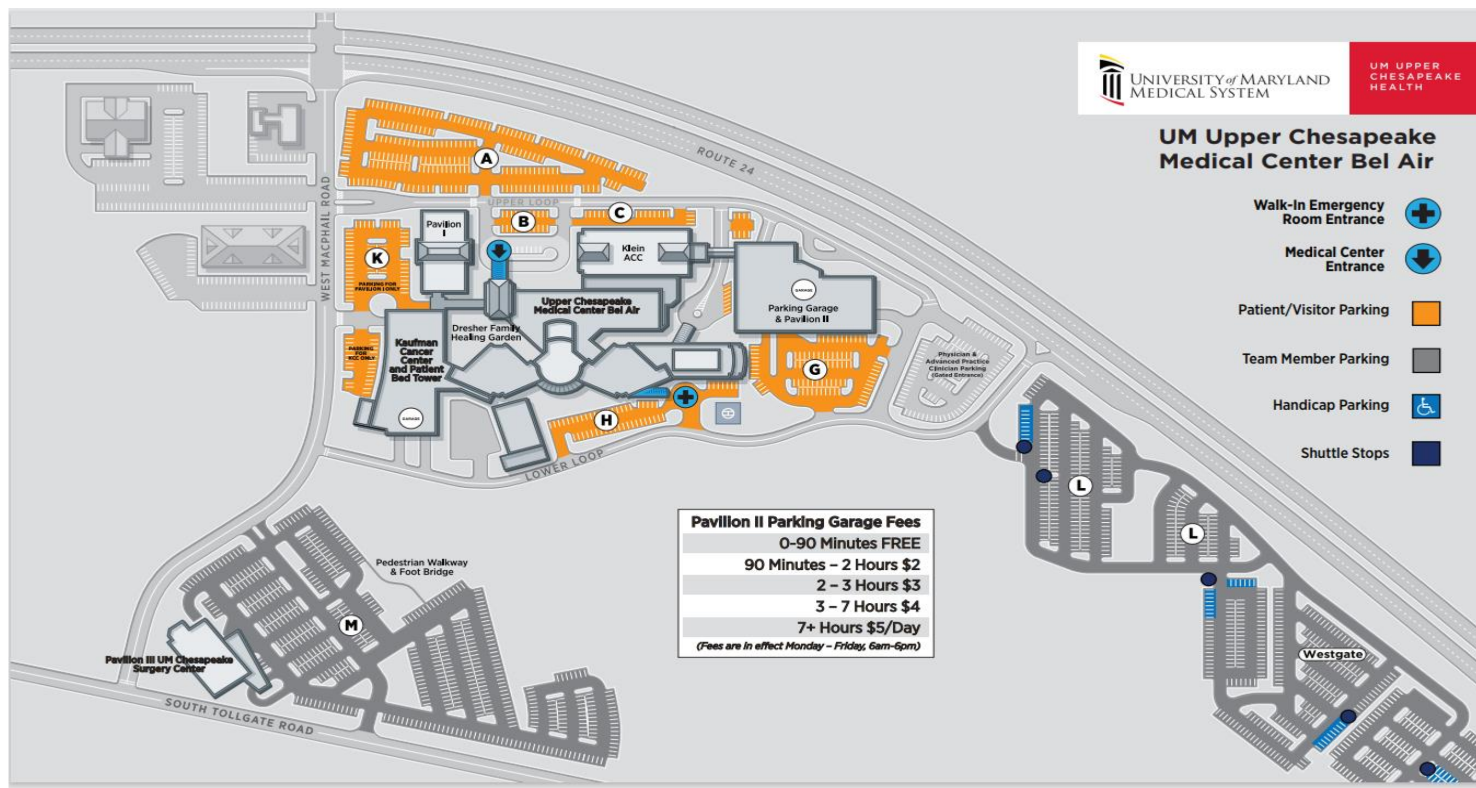
Physician Signature ______________________________ **Date** ____________________

Appointment date:____________ Appointment time: ___________ Location:________________

General instructions:

* Wear loose clothing and garments.
* Do not wear lotions, powder or deodorant the day of your test.
* No caffeinated or decaf beverages or nicotine at least 1 hour prior to your test.
* Aortic and Renal Artery Duplex require no eating or drinking after midnight the night before the test. You may take medications with small sips of water
* Additional instructions will be given when you schedule your appointment through ScheduleFirst.

DIRECTIONS:



Pavilion II Parking Garage Fees	
0-90 Minutes	FREE
90 Minutes – 2 Hours	$2
2 – 3 Hours	$3
3 – 7 Hours	$4
7+ Hours	$5/Day

(Fees are in effect Monday – Friday, 6am-6pm)

UM UPPER CHESAPEAKE HEALTH
UNIVERSITY of MARYLAND MEDICAL SYSTEM

UM Upper Chesapeake Medical Center Aberdeen

Medical Center Entrance
Emergency Department Parking
Patient/Visitor Parking
Team Member Parking
EMS & Police Parking

MCHENRY ROAD
ROUTE 22
Health & Wellness Center
UM Upper Chesapeake Medical Center Aberdeen
A
B
C
D
E
F
G