

VASCULAR ULTRASOUND AND ECHOCARDIOGRAM ORDER FORM

Patient Name _____

Ordering Physician _____

Phone _____

Primary Care Physician _____

Date _____

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

Vascular Ultrasound

- | | | |
|--|--|--|
| <input type="checkbox"/> Arterial Duplex/ABI
___Upper ___Lower
___Left ___Right | <input type="checkbox"/> Venous Duplex- Reflux Testing
___Upper ___Lower
___Left ___Right | <input type="checkbox"/> 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**: _____

_____ Echocardiogram (2D echo, Doppler, color flow)

Check all indications that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Ventricular function and cardiomyopathies
<input type="checkbox"/> Myocardial infarction
<input type="checkbox"/> Exposure to cardiotoxic agents/chemotherapy
<input type="checkbox"/> Native valvular heart disease
<input type="checkbox"/> Endocarditis
<input type="checkbox"/> Aortic pathology | <input type="checkbox"/> Cardiac thrombus and embolic sources
<input type="checkbox"/> Arrhythmias _____
<input type="checkbox"/> Hypertensive heart disease/hypertrophic cardiomyopathy
<input type="checkbox"/> Prosthetic valves
<input type="checkbox"/> Pericardial disease
<input type="checkbox"/> Congenital heart disease | <input type="checkbox"/> Cardiac tumors & masses
<input type="checkbox"/> Cardioversion/ablation
<input type="checkbox"/> Syncope
<input type="checkbox"/> Post-heart surgery _____
<input type="checkbox"/> Chest pain
<input type="checkbox"/> Diastolic dysfunction
<input type="checkbox"/> 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: _____

Parking and Directions

Harford Memorial Hospital
501 S. Union Street
Havre de Grace, MD 21078

Parking

Free on-street parking is available around the hospital, but it is subject to limitations. A well lit parking garage across the street from the main entrance of the hospital offers parking at a nominal fee.

Directions

Take I-95 North to Exit 89 (Havre de Grace), stay to the right and merge onto MD 155 East. In approximately 1.8 miles, make a right onto Juniata Street. Go to the 2nd traffic light and make a left onto Revolution Street. Proceed to the next traffic light and make a right onto South Union Avenue. There is a commercial parking garage on the right (\$1 charge) and Harford Memorial Hospital is directly across the street.

Registration is located on the first floor of the hospital

Upper Chesapeake Medical Center
520 Upper Chesapeake Drive
Bel Air, MD 21014

Parking

The main entrance to the hospital is located on Upper Chesapeake Drive off MacPhail Road. There is ample parking for visitors including designated handicapped parking. There is no charge for parking in designated surface parking lots. The parking garage located across from the Ambulatory Care Center charges a nominal fee.

Directions

From Baltimore: Take I-95 north to exit 77-B, which is Rt. 24. Go west on Rt. 24 towards Bel Air (approximately 5 miles). Turn left on W. MacPhail Road at traffic light. Upper Chesapeake Drive is first left after the turn.

From Cecil County: Take I-95 to ext. 77-B, which is Rt. 24. Go west on Rt. 24 towards Bel Air (approximately 5 miles). Turn left on W. MacPhail Road at traffic light. Upper Chesapeake Drive is first left after the turn.

The Outpatient Nuclear Medicine Department is located on the second floor of the ACC building, Suite 205. Registration and check in are both done in the suite. The Echo Lab is located on the garden level of the ACC building. Registration is on the garden level to the left as you exit the elevators.

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.