

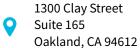
Other: _

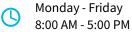
Vascular Ultrasound Laboratory Referral Form



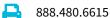
Date: /		Referring Provider Name:	
		Phone: ()	Fax: ()
DOB:/Age:		Provider Signature:	
Patient Phone: ()		-	Hours Results Ph:
ICD 10:			Hours Results Fax:
Clinical History:			
Insurance:		Auth #:	CC to:
Tests Ordered - Please check app	ropriate box(es)		Mint Medical
PERIPHERAL VENOUS (Venous Reflux and DVT): Upper Extremity Vein Patency (Rule out DVT) Lower Extremity Vein Patency (Rule out DVT) Reflux (Rule out Venous Insufficiency) Post-Ablation Pre-operative Vein Mapping for Bypass Pre-operative Dialysis Access Mapping Other:	ILIAC VEIN DUPLEX: Rule out Stenosis (Stent Surveillance) Other: INFERIOR VENA CAVA Rule out Stenosis (Stent or Filter Surv	DUPLEX: Docclusion reillance	Vascular Ultrasound Services are available at our Oakland location
CAROTID/EXTRACRANIAL ARTERIAL DUPLEX: Rule out Carotid and Vertebral Artery Stenosis Rule out Subclavian Arterial Stenosis Rule Carotid Body Tumor Other:	THORACIC OUTLET S Rule out Arterial a Occlusion		1300 Clay Street Suite 165 Oakland, CA 94612
AORTOILIAC DUPLEX AND ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING: AAA and Iliac Artery Screening Aortic and Iliac Bypass Graft Surveillance Post-operative Endograft Surveillance Post-procedure Stent Surveillance Other:	LIVER: Hepatoportal TIPS Evaluation Hepatic Veins Celiac Artery Splenic Artery/Vein		Monday - Friday 8:00 AM - 5:00 PM 510.823.2211 888.480.6615
PHYSIOLOGIC ARTERIAL EXAMS (ABI/TBI): Upper/Lower Extremities 3+ Levels Upper/Lower Extremities 1-2 Levels Upper/Lower Extremities 3+ Levels Stress Other:	TEMPORAL ARTERY D Rule out Temporal Other: PSEUDOANEURYSM E UPPER/LOWER EX	Arteritis EVALUATION:	Mint Medical service are provided at the Inview Imaging clinic Oakland.
PERIPHERAL ARTERIAL DUPLEX: Upper Extremity Post-procedure surveillance Lower Extremity	☐ Upper Extremity ☐ Lower Extremity ☐ Other: ☐ RAYNAUD'S EVALUAT		www.inviewimaging.c
Other:	☐ Rule out Raynaud' ☐ Rule out Raynaud' ☐ Other:		
 □ Renal Artery/Vein – Nutcracker Syndrome □ Transplant Kidney Evaluation □ Rule out Renal Artery Stenosis or Aneurism □ Other: 	Other Request/Info:		
MESENTERIC DUPLEX: Superior Mesenteric Artery/Vein Celiac Artery Splenic Artery and Vein			You may submit this form o

Mint Medical Vascular Ultrasound Services are available at our **Oakland location:**









Mint Medical services are provided at the Inview Imaging clinic in Oakland.

www.inviewimaging.com

OR PHYSICIAN USE ONLY



You may submit this form online at our secure submission portal by simply scanning this QR code.