



**HEART AND VASCULAR INSTITUTE
OUTPATIENT SERVICE REFERRAL FORM**

PATIENT IMPRINT

PATIENT LEGAL NAME	DATE OF BIRTH	PATIENT PHONE: H, W, C
INSURANCE NAME	MEMBER / POLICY / ID #	
PHYSICIAN NAME	PHYSICIAN TELEPHONE	PHYSICIAN FAX
SYMPTOMS / DIAGNOSIS		ICD 10

ALL AREAS IN SHADED TOP OF FORM MUST BE FILLED OUT.

If interpreter services needed, what language: _____

REQUIRED SIGN, DATE AND TIME

Physician Signature _____ Date _____ Time _____

Echocardiogram (93306): With Saline Bubble Study (for PFO)? Use Contrast (Definity) (As Needed)?

Prior authorization obtained Approved Location: _____

PA #: _____ Dates Available: _____

Echo Stress Test* (93350): Treadmill Dobutamine

Echo Stress Tests are only performed at Providence Portland Medical Center (PPMC), Providence St. Vincent Medical Center (PSVMC), Providence Willamette Falls Medical Center (PWFMC) and Providence St. Vincent Heart Clinic - Bridgeport.

Prior authorization obtained Approved Location: _____

PA #: _____ Dates Available: _____

Standard Treadmill Stress Test* (93017)

12 Lead EKG (93005): No appointment necessary, walk-ins welcome (See Patient Instructions for times)

30 Day Event Monitor (93270) (only 4 week available) Patient must have access to landline phone

Holter Monitoring (93225): 24 Hour 48 Hour

Patch (0295T): 48 hour - up to 21 days **(Please check insurance prior to ordering)**

Prior authorization obtained Approved Location: _____

PA #: _____ Dates Available: _____

***Stress Tests Information:** Please fax most recent chart notes and current medications. Diabetic patients must bring glucometer and snack. If asthmatic, please bring inhaler.

Noninvasive Vascular Lab Testing

Cerebrovascular

- Carotid/Vertebral Duplex (93880)
- Transcranial Doppler (TCD) (93886)
- TCD/Bubble Study for PFO (93893) (only performed at PPMC and PSVMC)
- TCD for Emboli Monitoring (93892) (only at PPMC or PSVMC)

Arterial – Lower Extremity

(please circle) left / right / bilateral

- Ankle/Brachial Index (ABI) (93922)
- Peripheral Arterial Exam (Segmental pressures with Doppler)
Circle one: without exercise (93923) or with exercise (93924)
- Arterial Duplex (Does not include aorta or iliac arteries)
Bilateral (93925) Unilateral (93926)
- Aneurysm Duplex (Does not include aorta or iliac arteries)
Bilateral (93925) Unilateral (93926)
- Bypass Graft Duplex (Does not include aorta or iliac arteries)
Bilateral (93925) Unilateral (93926)
- Digits Evaluation (PPG) (93922)

Venous – Lower Extremity

(please circle) left / right / bilateral

- Venous Duplex (DVT) (Ordered unilateral studies default to Bilateral if disease is present)
Bilateral (93970) Unilateral (93971)
- Venous Reflux – Venous Insufficiency
Bilateral (93970) Unilateral (93971)
- Venous Reflux – Pre Ablation/Strip
Bilateral (93970) Unilateral (93971)
- Vein Mapping Bilateral (93970) Unilateral (93971)
- IVC/Iliac Duplex (DVT) (93979) – NPO after Midnight

Abdominal (NPO after Midnight)

- Renal Artery Duplex (93975)
- SMA/Celiac Duplex (93975)
- Portal/Hepatic Duplex (93975)
- Aorta (AAA) Duplex (93979)
- Aorta/Iliac Artery Duplex (93978)
- Renal Transplant Duplex (93976)
- AAA Medicare Screen –
Welcome to Medicare Physical (G0389)

Upper Extremities

(please circle) left / right / bilateral

- Venous Duplex (DVT) –
(Includes Subclavian and IJV) (Ordered unilateral studies default to Bilateral if disease is present)
Bilateral (93970) Unilateral (93971)
- Peripheral Arterial with Digits (Segmental pressures w/ Doppler) (Bilateral (93923))
- Dialysis Access Duplex (93990)
Bilateral (93970) Unilateral (93971)
- Vein Map – Pre Dialysis Access
Bilateral (93970) Unilateral (93971)
- Vein Map – Revascularization
Bilateral (93970) Unilateral (93971)
- Peripheral Arterial Duplex
Bilateral (93930) Unilateral (93931)
- Digits Evaluation (PPG) (93922)

Other



INFORMATION FOR PATIENTS

PATIENT IMPRINT

Please fax the first page to the fax number listed below.

For Hospital Scheduling:

Phone: 503-216-7122 Fax: 503-216-0518

- Providence Portland Medical Center**
4805 N.E. Glisan St.
Portland, OR 97213
- Providence St. Vincent Medical Center**
9205 S.W. Barnes Road
Portland, OR 97225
- Providence Milwaukie Hospital**
10150 S.E. 32nd Ave.
Milwaukie, OR 97222
- The Mother Joseph Plaza Bldg**
9427 S.W. Barnes Road, Suite 196
Portland, OR 97225
- Providence Willamette Falls Medical Center**
1500 Division St.
Oregon City, OR 97045

For Clinic Scheduling:

Phone: 503-962-1100 Fax: 503-962-1005

- Providence Heart Clinic at The Oregon Clinic Gateway**
1111 N.E. 99th Ave., Suite 201
Portland, OR 97220
- Providence Heart Clinic - Gresham**
1859 N.W. Civic Dr.
Gresham, OR 97030

Appointment Details:

Date: _____ / _____ / _____
 Time: _____ : _____
 Location: _____

Notes:

Patient Instructions / Preparations for Visit

Patients: Please call to schedule the appointment for the test ordered.

Please call Pre-Registration before arriving for appointment (503-215-9588)

Providence Portland: Main floor, follow signs to "Heart Services." House transportation available.

Providence St. Vincent: Park in West Parking structure. For NIVL: enter through the West Pavilion entrance, take the second hallway to the left, follow signs for Vascular Lab. For Echo and EKG: enter Mother Joseph Building, Suite 196.

Providence Milwaukie: Please check in at Outpatient Admitting desk at the main entrance.

Providence Willamette Falls: Please check in at Outpatient Admitting desk at the main entrance.

Length of appointments (Please try to wear a two piece outfit):

EKG tests are walk-ins (no appointment needed) between 7:30 am and 4 pm at Providence Portland Medical Center and Providence St. Vincent Medical Center, 9 am and 3 pm at Providence Milwaukie Hospital, and Providence Willamette Falls Medical Center. Allow 15 to 20 minutes for test.

Echo: Allow one hour; Echo Stress Test / Dobutamine Echo: allow two hours.

Standard Treadmill Stress Test: Allow one hour; **Event Monitors:** allow one hour; **Holter Monitors:** allow 30 minutes.

Holter monitoring: Patient will not be able to bathe, shower or swim. Sponge bath only.

For all Stress Tests:

- Patient must be able to walk safely (unassisted) , several minutes at a brisk pace.
- Nothing to eat or drink four hours before your appointment (8 ounces of water is OK). No caffeine.
- Please ask your ordering provider about any medications you are taking. Follow their instructions on whether there are any that need to be held prior to the exam.
- Wear two piece exercise outfit and exercise shoes. No pantyhose please.
- Diabetic patients must bring glucometer and snack.
- If asthmatic, please bring inhaler.

Noninvasive Vascular Lab testing: Allow 1 - 1½ hours for TCD / Bubble Study, all other tests allow one hour.

Any abdominal study requires that you not eat or drink after midnight before the exam. Wear loose clothing that is easy to remove if necessary.