

VITA

Minimally Invasive Specialist in Vascular, Breast and Oncology Surgery

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Imaging Center Ultrasound Order

Same day appointments are available for urgent exams. Please call our office.

Date: _____

Patient Name: _____ DOB: _____

Patient Daytime Contact Number: _____

Physician Referring: _____ Phone (prelim report): _____

URGENCY: STAT Same day Routine

Rule Out DVT Study

Lower Extremity

Right Left

Bilateral

Upper Extremity

Right Left

Bilateral

Diagnosis: Leg Pain Swelling Known history of DVT Other _____

Lower Extremity Venous Reflux Ultrasound

(Evaluate for venous insufficiency - ROUTINE)

Right Left Bilateral

Diagnosis: Leg Pain Swelling Known history of DVT

Carotid Ultrasound

Diagnosis: Bruit Known Stenosis or Occlusion CVA TIA

Syncope & Collapse Abnormality of Gait Dizziness & Giddiness

Ankle Brachial Index (ABI)

Diagnosis: Claudication PAD Ulcer Leg Pain Other _____

Lower Extremity Arterial Evaluation (LEA)

(Includes segmental leg and toe pressures plus ABI)

Diagnosis: Claudication PAD Ulcer Leg Pain Other _____

Renal Artery Ultrasound

****Must be scheduled as the first appointment in the morning and patient must be NPO. Please fax a copy of patient's most recent chart note with the order. ****

Diagnosis Code: _____

Practitioner Signature _____ Date _____

*Please fax order to (229)226-0195 and give a copy to the patient.