

Vascular Interventional of Thomasville, Associates & VITA VEINS

508 Gordon Ave
Thomasville, GA. 31792
vitadr.org

Phone Number: (229) 226-0125 Fax Number: (229) 226-0195

Timothy B. Daniel, MD

Craig A. Yokley, MD

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**

Venous Ultrasound- EVAL FOR DVT

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: Uncontrolled Hypertension Other _____

Practitioner Signature _____ **Date** _____

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