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REQUISITION FORM

Patient Name: _____ DOB: _____ Phone Number: _____

Appointment Date: _____ Time: _____

Insurance: _____ Referring Physician: _____

Please fax a copy of insurance card

TREATMENT:

- VENOUS INSUFFICIENCY: CONSULT, DIAGNOSTIC EXAMS, AND TREATMENT AS APPROPRIATE.
- PERIPHERAL ARTERIAL DISEASE: CONSULT, DIAGNOSTIC EXAMS, AND TREATMENT AS APPROPRIATE (REVASCLARIZATION).
- Baker's Cyst Drainage/corticosteroid Injection

CENTRAL VENOUS ACCESS

- PICC line Insertion (5y -Adult)
- Venogram (revision)
- Thrombectomy AV Graft
- Chest Port Implant
- Catheter Removal
- Tunneled Catheter (Perma Cath)
- IVC Filter
- Catheter Exchange
- Paracentesis

ADDITIONAL ULTRASOUND/ULTRASOUND ONLY

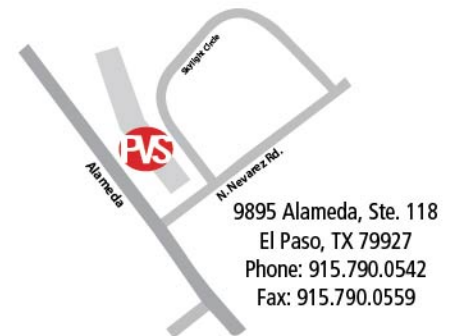
- Extremities: (bilateral unless otherwise specified)
 - Arterial: Upper Lower* Unilateral RT/LT Bilateral
 - Venous: Upper Lower* Unilateral RT/LT Bilateral
 - Stat Rule Out DVT: Unilateral R/L Bilateral
 - Venous Mapping: Upper Lower

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Abdomen | 8. <input type="checkbox"/> Pelvic | 15. <input type="checkbox"/> Testicular/Scrotal |
| 2. <input type="checkbox"/> Abdomen limited | 9. <input type="checkbox"/> Pelvic/ Transvaginal | 16. <input type="checkbox"/> Breast |
| 3. <input type="checkbox"/> Abdominal Doppler | 10. <input type="checkbox"/> Bladder Ultrasound | 17. <input type="checkbox"/> Carotid |
| 4. <input type="checkbox"/> Liver Ultrasound | 11. <input type="checkbox"/> Thyroid | 18. <input type="checkbox"/> Prostate |
| 5. <input type="checkbox"/> GB (Gallbladder) Ultrasound | 12. <input type="checkbox"/> Soft Tissue | 19. <input type="checkbox"/> ABI |
| 6. <input type="checkbox"/> Renal | 13. <input type="checkbox"/> Hernia | 20. <input type="checkbox"/> Photoplethysmography |
| 7. <input type="checkbox"/> Renal Doppler | 14. <input type="checkbox"/> Mass | |

Other: _____

DX: _____

Requesting Physician Signature _____



Arterial - No preparation. Bring a loose fitting pair of shorts, we may also provide a pair of shorts.

Venous of the lower extremities - NO CAFFEINE, bring a loose fitting pair of shorts, we may also provide a pair of shorts.

1. **Abdomen** - Fasting 6 - 8 hours, patient may drink water only if they would like and may take all of their prescribed medications.
2. **Abdomen limited** - Fasting 6 - 8 hours, patient may drink water only if they would like and may take all of their prescribed medications.
3. **Abdominal Doppler** - Fasting 6 - 8 hours, patient may drink water only if they would like and may take all of their prescribed medications.
4. **Liver Ultrasound** - Fasting 6 - 8 hours, patient may drink water only if they would like and may take all of their prescribed medications.
5. **GB (Gallbladder) Ultrasound** - Fasting 6 - 8 hours, patient may drink water only if they would like and may take all of their prescribed medications.
6. **Renal** - Hydrated: drink 2 bottles of water 45 minutes PRIOR to the exam and patient may not go to the restroom.
7. **Renal Doppler** - Fasting 6 - 8 hours and hydrated. Drink 2 bottles of water 45 minutes PRIOR to the exam and patient may not go to the restroom.
8. **Pelvic** - Hydrated: drink 2 bottles of water 45 minutes PRIOR to the exam and patient may not go to the restroom.
9. **Pelvic/Transvaginal** - Hydrated: drink 2 bottles of water 45 minutes PRIOR to the exam and patient may not go to the restroom.
10. **Bladder Ultrasound** - Hydrated: drink 2 bottles of water 45 minutes PRIOR to the exam and patient may not go to the restroom.
11. **Thyroid** 12. **Soft Tissue** 13. **Hernia** 14. **Mass** 15. **Testicular/Scrotal** 16. **Breast** 17. **Carotid** --- NO PREP
18. **Prostate** - Fasting after midnight, A fleet enema should be taken 2 hours before your exam. This preparation can be purchased from your local pharmacy.
19. **ABI** - No preparation. Bring a loose fitting pair of shorts, we may also provide a pair of shorts.
20. **Photoplethysmography** --- NO CAFFEINE