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Royal Columbian Hospital  
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New Westminster, BC V3L 3W7  
Vascular Clinic  
3 North Vascular Unit (3<sup>rd</sup> Floor Columbia Tower)

Phone: 604-523-8864  
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# VASCULAR LAB REQUISITION ROYAL COLUMBIAN HOSPITAL

REQUEST DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

MEDICAL # (PHN): \_\_\_\_\_

GENDER: MALE / FEMALE / OTHER

INFECTION PRECAUTION: CPO  MRSA  VRE

\*Outpatients must bring valid CareCard and Picture ID at the time of the test

Preferred appointment date and time\*: \_\_\_\_\_  Inpatient test at RCH

Indication of Urgency:  URGENT  NON URGENT \*No guarantees on appointment

Patient daytime phone: \_\_\_\_\_

Copy to other providers: \_\_\_\_\_ / \_\_\_\_\_

Note: if patient cannot stand up with assistance, you need to arrange ambulance (or inpatient) transfer both ways\*\*

## Non-Invasive Testing: NOTE; Testing takes 45-60 mins.

ARTERIAL TEST BOTH LEGS (ABI), **WITH** TREADMILL EXERCISE PERMITTED

ARTERIAL TEST BOTH LEGS (ABI), **WITHOUT** TREADMILL EXERCISE

DIGITS – UPPER OR LOWER (CIRCLE ONE)

UPPER EXTREMITY

OTHER

## Indications for Testing and Pertinent information:

Claudication (exertional calf or thigh pain)  Ischemic rest pain  Ischemic ulceration/Gangrene

Venous disease  Post-operative Surveillance Protocol

Previous vascular surgery – Details: \_\_\_\_\_

Other History \_\_\_\_\_

Wheelchair/can stand up with assistance **\*\*IMPORTANT INFO\*\*** (patient must be able)

Contact Name \_\_\_\_\_ MD/NP

Clinic Name \_\_\_\_\_

Fax Number \_\_\_\_\_

Provider signature \_\_\_\_\_

Print provider name and MSP number \_\_\_\_\_

## (OFFICE USE ONLY)

DATE BOOKED : \_\_\_\_\_

PRIORITY CODE: 1 2 3 4

MD/NP INITIALS: \_\_\_\_\_

Version: June 2018