

FAX: 703.335.8227

CALL OR TEXT: 571-581-1771



Patient Name _____
Date of Birth _____ Patient Phone _____
Ordering Physician _____
Signature of Ordering Physician _____
Physician Fax _____
Reason for Referral (ICD 10 code) _____

CARDIOLOGY SERVICES

TYPE : ☐ Cardiology Consultation
☐ Electrophysiology Consultation

PLEASE SCHEDULE: ☐ Within 24 hours
☐ Next Available

DIAGNOSTIC STUDIES

☐ PET Stress Myocardial Perfusion Study ☐ Echocardiogram ☐ 24-hour Holter Monitor
☐ Nuclear Stress Test ☐ Event Monitor ☐ Treadmill Stress Test

VASCULAR SERVICES

TYPE: ☐ Vascular Surgery Consultation

PLEASE SCHEDULE: ☐ Within 24 hours
☐ Next Available

DIAGNOSTIC STUDIES

CAROTID DUPLEX

☐ Bilateral
☐ Unilateral: Right / Left
circle one

VENOUS

Venous Duplex: Upper / Lower
circle one

☐ Bilateral
☐ Unilateral: Right / Left
circle one

Venous Insufficiency (Lower)

☐ Bilateral
☐ Unilateral: Right / Left
circle one

Vein Mapping: Upper / Lower
circle one

☐ Bilateral
☐ Unilateral: Right / Left
circle one

ARTERIAL

Arterial Duplex: Upper / Lower
circle one

☐ Bilateral
☐ Unilateral: Right / Left
circle one

Other studies

☐ ABI (Rest)
☐ ABI with TBI (Rest)
☐ Hemodialysis Access
Duplex

ABDOMINAL/ VEINS DUPLEX

Aorta

☐ Complete
☐ Screening

IVC / Iliac Veins

☐ Bilateral
☐ Unilateral: Right / Left
circle one

Raynaud's PPG: Right / Left
circle one

Renal Artery

☐ Bilateral
☐ Unilateral: Right / Left
circle one

Other studies

☐ Mesenteric Artery

OTHER AREAS OF TREATMENT

☐ AAA Surgical or Bypass and Percutaneous AA	☐ High Risk PCI	☐ Pericardiocentesis
☐ Balloon Aortic Valvuloplasty	☐ His Bundle Pacing	☐ Permanent Pacer / Defibrillator Implant
☐ Cardioversion	☐ Hybrid (Convergent) AF Ablation	☐ Radio Frequency Ablation
☐ Chronic Total Occlusion (CTO)	☐ Microphlebectomy	☐ Venous Disease Treatment
☐ Coronary Stent	☐ Mitral Valve Clip	☐ Venous Insufficiency Ablation
☐ Dialysis Access	☐ Lead Extraction	☐ Transcatheter Aortic Valve Replacement (TAVR)
☐ Endarterectomy	☐ Loop Recorder Implant	☐ Transesophageal Echocardiography
☐ Endovascular Repair	☐ Percutaneous Balloon / Atherectomy /	☐ Watchman
☐ FIRM (Topera) AF Ablation	Stent Angioplasty	

LOCATIONS

ANNANDALE OFFICE

7617 Little River Turnpike, Suite 110
Annandale, VA 22003

HAYMARKET OFFICE

15195 Heathcote Blvd, Suite 310
Haymarket, VA 20169

MANASSAS OFFICE

8100 Ashton Avenue, Suite 200
Manassas, VA 20109

RESTON OFFICE

1850 Town Center Pkwy., Pavilion 2, Suite 566
Reston, VA 20190

Parking Garage B

STAFFORD OFFICE

422 Garrisonville Rd. Suite 110
Stafford, VA 22554

VIENNA OFFICE

415 Church Street, NE, Suite 101
Vienna, VA, 22180
Out-Patient Based Lab, Suite 203

WARRENTON OFFICE

559 Frost Ave., Suite 102
Warrenton, VA 20186

WOODBIDGE OFFICE

14904 Richmond Hwy Suite 406
Woodbridge, VA 2219

PREFERRED PHYSICIANS

- ☐ Khalid Abousy, MD, FACC
- ☐ Adeeb Aghdassi, MD, FACC
- ☐ Aysha Arshad, MD, FACC
- ☐ Rabia Arshad, MD, FACC
- ☐ Behdad Aryavand, MD, FSVS, FACS, RPVI
- ☐ Jesse Chait, DO, RPVI
- ☐ Keith Chu, MD, FACC
- ☐ Merdod Ghafouri, DO, FACC
- ☐ Ashkan Karimi, MD, FACC, RPVI
- ☐ Bianca Kenyon, MD, RPVI

- ☐ Joseph Lee, MD
- ☐ Shahryar Mafi, MD, FACC
- ☐ Abimbola F. Olabiyi, MD
- ☐ Vikram Prasanna, MD, FACC
- ☐ Neel Shah, MD, RPVI
- ☐ Shining Sun, MD
- ☐ Balbir Sidhu, MD, FACC
- ☐ Eugene Soh, MD, FACC
- ☐ Hamid Taheri, MD, FACC, FSCAI
- ☐ Shahram Yazdani, MD, FACC