



Appointment Scheduling: 310-423-8000 and press 1  
Fax all orders to: 310-423-0137

Patient Name: \_\_\_\_\_

Date of Exam: \_\_\_\_\_  
MM/DD/YYYY

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

Arrival Time: \_\_\_\_\_

**Aneurysm**

- Aorta Iliac
- EVAR
- Femoral
- Pseudoaneurysm
- Popliteal

**Dialysis**

- Upper Ext Vein Mapping
- Upper Ext Arterial
- Allen's Test
- Digital Evaluation
- Steal
- Fistula / Graft Evaluation

**Abdominal**

- Renal Artery Stenosis
- Visceral
- Renal Transplant Evaluation

**Arterial**

- ABI / CFA Waveforms
- Exercise Evaluation
- Imaging

**Venous**

- Lower Extremity DVT
- Upper Extremity DVT
- Venous Insufficiency / Swelling

**Other**

- Thoracic Outlet
- Vasospasm Digital
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Cerebral-Vascular**

- Carotid and Vertebral Duplex
- Transcranial Imaging

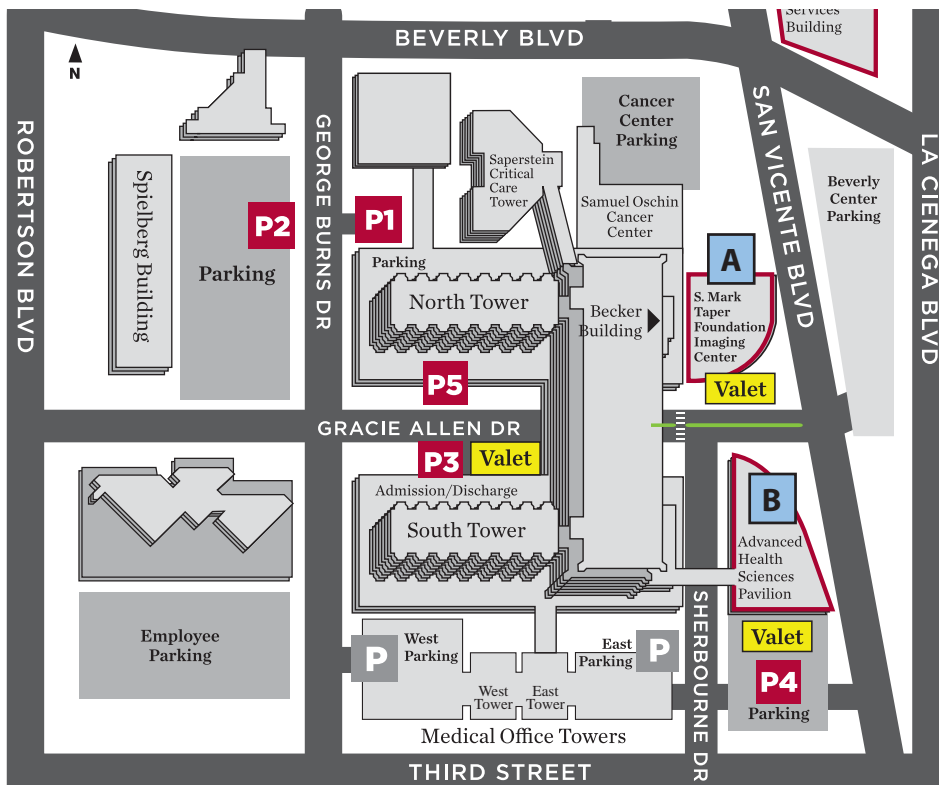
**Varicose Vein Surgery**

- Pre-Op Survey
- Post-Op Evaluation

Clinical Signs/Symptoms: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Referring Physician Signature: \_\_\_\_\_

(All Addresses in Zip Code: 90048)



**P** Cedars-Sinai Parking



**A** **S. Mark Taper Foundation Imaging Center**  
Corner of San Vicente Blvd. & Gracie Allen Dr.  
8705 Gracie Allen Drive  
**Valet and Patient Drop Off in Front**  
**Valet and Self-Parking in Lot P4**



**B** **Advanced Health Sciences Pavilion**  
127 S. San Vicente Blvd., Suite #A-2500  
(Imaging on Plaza Level)  
**Valet and Self-Parking**  
**Available in Lot P4**