

# Empire Diagnostic Solutions, Inc.

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 www.edslive.com



<b>REFERRING PHYSICIAN:</b>		<b>DATE OF SERVICE:</b>
<b>FIRST NAME:</b>		<b>LAST NAME:</b>
<b>PATIENT'S ADDRESS:</b>		
<b>PRIMARY INSURANCE:</b>		
<b>ID NUMBER:</b>		
<b>SECONDARY INSURANCE:</b>		
<b>ID NUMBER:</b>		
<b>DATE OF BIRTH:</b>		<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>PATIENT'S PHONE NUMBER:</b>		<b>S.S.#:</b>
Lower Extremity Arterial with PVR/ABI/TBI Measurements	Lower Extremity Venous	Nerve Conduction Studies
<input type="checkbox"/> BILATERAL 93923 & 93925 <input type="checkbox"/> UNILATERAL 93926	<input type="checkbox"/> BILATERAL 93970 <input type="checkbox"/> UNILATERAL 93971	<input type="checkbox"/> LOWER
<input type="checkbox"/> Atherosclerosis of aorta                      440.0	<input type="checkbox"/> Chronic venous hypertension w/ulcer                      459.31	<input type="checkbox"/> Diabetes w/neurological manifestations                      250.60
<input type="checkbox"/> Atherosclerosis w/pain walking                      440.21	<input type="checkbox"/> Chronic venous hypertension w/other complication                      459.39	<input type="checkbox"/> Entrapment Sural                      355.0
<input type="checkbox"/> Atherosclerosis w/rest pain                      440.22	<input type="checkbox"/> Edema                      782.3	<input type="checkbox"/> Muscle weakness                      728.87
<input type="checkbox"/> Atherosclerosis w/ulcers                      440.23	<input type="checkbox"/> Gangrene                      785.4	<input type="checkbox"/> Neuropathy plantar nerve                      355.6
<input type="checkbox"/> Atherosclerosis w/gangrene                      440.24	<input type="checkbox"/> Localized superficial swelling, mass or lump                      782.2	<input type="checkbox"/> Orofacial Dyskinesia                      333.82
<input type="checkbox"/> Atherosclerosis of bypass graft                      440.30-440.32	<input type="checkbox"/> Pain in limb                      729.5	<input type="checkbox"/> Other musculoskeletal symptoms referable to limb                      728.89
<input type="checkbox"/> Arterial embolism & thrombosis of arteries of extremities                      444.21-444.22	<input type="checkbox"/> Phlebitis & thrombophlebitis                      451.0	<input type="checkbox"/> Pain in limb                      729.5
<input type="checkbox"/> Chronic ulcer of skin of lower limb unspecified                      707.10	<input type="checkbox"/> Postphlebotic syndrome                      459.10	<input type="checkbox"/> Peroneal entrapment                      355.3
<input type="checkbox"/> Diabetes w/peripheral circulatory disorder                      250.70-250.73	<input type="checkbox"/> Postphlebotic syndrome w/ulcer                      459.11	<input type="checkbox"/> Spinal cord myelopathy                      336.9
<input type="checkbox"/> Due to cardiac pacemaker                      996.01	<input type="checkbox"/> Postphlebotic syndrome w/ inflammation                      459.12	<input type="checkbox"/> Swelling of limb                      729.81
<input type="checkbox"/> Gangrene                      785.4	<input type="checkbox"/> Postphlebotic syndrome w/other complications                      459.19	<input type="checkbox"/> Tarsal tunnel                      355.5
<input type="checkbox"/> Hematoma complicating a procedure                      998.12	<input type="checkbox"/> Pulmonary embolism & infraction                      415.11	<input type="checkbox"/> Tibial neuropathy                      355.4
<input type="checkbox"/> Hemorrhage complicating a procedure                      998.11	<input type="checkbox"/> Superficial thrombophlebitis complicating pregnancy                      671.20	<input type="checkbox"/> Unspecified disorder of muscle/ligament/fascia                      728.9
<input type="checkbox"/> Injury to blood vessels of lower extremity & unspecified sites                      904.0-904.8	<input type="checkbox"/> Swelling in limb                      729.81	<input type="checkbox"/> <b>Other</b>
<input type="checkbox"/> Injury to vessel, arm                      903.00-903.9	<input type="checkbox"/> Varicose veins of lower extremities w/ulcer                      454.0	
<input type="checkbox"/> Other peripheral vascular disease                      443.89	<input type="checkbox"/> Varicose veins of lower extremities w/other complications                      454.8	
<input type="checkbox"/> Palmar artery                      903.4	<input type="checkbox"/> <b>Other</b>	
<input type="checkbox"/> Peripheral vascular disease, unspecified                      443.9		
<input type="checkbox"/> Radial blood vessels                      903.2		
<input type="checkbox"/> Ulcer of ankle                      707.13		
<input type="checkbox"/> Ulcer of heel and mid-foot                      707.14		
<input type="checkbox"/> Ulcer of other part of foot                      707.15		
<input type="checkbox"/> Ulnar blood vessels                      903.3		

**SPECIFIC CLINICAL HISTORY IS NECESSARY FOR BETTER DIAGNOSTIC EVALUATION**

**HISTORY:** \_\_\_\_\_

*I certify that the above ordered tests are medically necessary for this patient.*

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_