BLACKPOINT DIAGNOSTICS

MOBILE CARDIAC & VASCULAR ULTRASOUND

PHYSICIAN ORDER & REFERRAL

Order No. _____

For the ordering physician: complete and sign below, then give this form to your patient. They may schedule directly at blackpointdiagnostics.com or by calling (207) 409-7797. We travel to the patient's home, workplace, or a partner location. Every study is interpreted by a board-certified cardiologist, and the report is sent to you and to the patient within 24–48 hours. **We do not bill insurance** — the patient pays directly and may seek reimbursement themselves.

1 PATIENT

PATIENT NAME | DATE OF BIRTH | PHONE

2 ORDERING PHYSICIAN

PHYSICIAN NAME | NPI | PRACTICE

PHONE | FAX | WHERE SHOULD THE REPORT BE SENT?

3 CLINICAL INDICATION

INDICATION / REASON FOR STUDY | ICD-10 CODE(S)

RELEVANT HISTORY OR SPECIFIC QUESTIONS FOR THE INTERPRETING CARDIOLOGIST

PRIORITY ☐ Routine ☐ Urgent — contact patient within 24 hrs

4 INDIVIDUAL STUDIES — CHECK TO ORDER

	STUDY	[CONFIRM] CPT
☐	**Echocardiogram** — complete TTE with spectral and color Doppler	93306
☐	**Carotid Duplex with IMT** — extracranial carotid and vertebral, bilateral	93880
☐	**Abdominal Aortic Aneurysm Screening** — infrarenal aortic diameter	76706
☐	**Venous Duplex, Lower Extremity** — DVT evaluation and reflux, bilateral	93970
☐	**Arterial Duplex, Lower Extremity** — arterial flow and stenosis, bilateral	93925
☐	**Renal Artery Duplex** — renal artery stenosis evaluation	93975

5 PACKAGES — CHECK TO ORDER

	PACKAGE	TIME
☐	**Stroke Prevention** — carotid duplex with IMT + echocardiogram	1 hr
☐	**Heart Failure** — echocardiogram + carotid with IMT + lower extremity arterial	1.5 hr
☐	**Diabetic Complication** — carotid with IMT + renal artery + lower extremity arterial	2 hr
☐	**Comprehensive Vascular** — carotid with IMT, AAA, renal artery, venous, arterial	2.5 hr
☐	**Comprehensive Cardiovascular** — all six studies in a single visit	3 hr

Study descriptions and common indications are on page 2. Pricing is provided to the patient at scheduling and is not shown here.

Physician attestation. I am the treating physician for the patient named above. I have determined that the studies ordered are medically appropriate for this patient based on the indication stated in Section 3. I understand these studies are performed by an ARDMS-credentialed sonographer and interpreted by a board-certified cardiologist, that BlackPoint Diagnostics does not bill insurance, and that the report will be sent to me at the address given in Section 2.

PHYSICIAN SIGNATURE | DATE

A summary of what each study assesses and the indications for which it is commonly ordered. This page is intended for the ordering physician and may be given to the patient. **The ordering physician determines medical appropriateness for the individual patient.**

INDIVIDUAL STUDIES

STUDY	WHAT IT EVALUATES	COMMONLY ORDERED FOR
Echocardiogram Transthoracic	Chamber size and wall thickness, LV systolic function and ejection fraction, diastolic function, valve structure and function, wall motion, pericardium.	Murmur; dyspnea on exertion; suspected or known heart failure; valvular disease surveillance; long-standing hypertension with suspected LVH; palpitations; syncope; post-myocardial infarction.
Carotid Duplex with IMT	Extracranial carotid and vertebral arteries — plaque, stenosis, flow velocities. IMT measures vessel-wall thickness, a marker of early atherosclerosis before flow-limiting disease.	Carotid bruit; prior TIA or stroke; multiple cardiovascular risk factors; surveillance of known stenosis; cardiovascular risk stratification.
AAA Screening	Maximal infrarenal aortic diameter, to identify aneurysmal dilation.	Men 65–75 with any smoking history (USPSTF); family history of aortic aneurysm; surveillance of known aneurysm; palpable pulsatile abdominal mass.
Venous Duplex Lower extremity	Deep and superficial venous systems — thrombus, compressibility, phasicity, reflux.	Unilateral leg swelling or pain; suspected DVT; symptomatic varicose veins; post-thrombotic assessment.
Arterial Duplex Lower extremity	Arterial flow, waveform morphology, stenosis and occlusion in the lower extremity arteries.	Claudication; rest pain; non-healing wound or ulcer; diminished or absent pedal pulses; diabetes with foot findings; abnormal ABI.
Renal Artery Duplex	Renal arteries for stenosis, using velocity criteria and renal-aortic ratio; kidney size.	Resistant hypertension; hypertension with onset before 30 or after 55; unexplained renal insufficiency; asymmetric kidney size; recurrent flash pulmonary edema.

PACKAGES

PACKAGE	INCLUDES	SUITED TO
Stroke Prevention 1 hour	Carotid duplex with IMT; echocardiogram.	Pairs the arterial and cardiac sources of stroke risk in one visit. Patients with cardiovascular risk factors or family history of stroke.
Heart Failure 1.5 hours	Echocardiogram; carotid duplex with IMT; lower extremity arterial.	Dyspnea, edema, or reduced exercise tolerance where both cardiac function and peripheral perfusion are in question.
Diabetic Complication 2 hours	Carotid duplex with IMT; renal artery duplex; lower extremity arterial.	The three vascular beds most affected by diabetes — cerebrovascular, renal, and peripheral.
Comprehensive Vascular 2.5 hours	Carotid with IMT; AAA; renal artery; venous and arterial lower extremity.	Full vascular survey without cardiac imaging.
Comprehensive Cardiovascular 3 hours	All six studies in a single visit.	Multiple risk factors, or where broad surveillance is preferred.

Note. Ultrasound findings are descriptive and are interpreted in clinical context by the reading cardiologist. These studies do not exclude all cardiovascular disease and are not a substitute for the patient's ongoing care. Urgent findings are communicated to the ordering physician promptly. This is not an emergency service.