



Beyond Basic Imaging
Non-Invasive Vascular Laboratory

Clinical Directors
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Please bring this form and your insurance information to your exam. Otherwise, there may be a delay in service.

Your Appointment time is: _____ On this Date: _____

Patient's Name: _____ Contact Phone #: _____

Indication for Exam: _____ Referring MD: _____

Check Test(s) Requested Below:

<input type="checkbox"/> Carotid Duplex Exam			
<input type="checkbox"/> Arterial Doppler Exam	<input type="checkbox"/> Lower Ext.	<input type="checkbox"/> Upper Ext.	
<input type="checkbox"/> Arterial Duplex Exam	<input type="checkbox"/> Lower Ext.	<input type="checkbox"/> Upper Ext.	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Duplex Graft Imaging	<input type="checkbox"/> Location: _____		
<input type="checkbox"/> Venous Duplex Exam	<input type="checkbox"/> Lower Ext.	<input type="checkbox"/> Upper Ext.	
<input type="checkbox"/> Venous Reflux Exam			
<input type="checkbox"/> Vein Mapping	<input type="checkbox"/> Lower Ext.	<input type="checkbox"/> Upper Ext.	
<input type="checkbox"/> Visceral Artery Exam	<input type="checkbox"/> Mesenteric	<input type="checkbox"/> Renal	

Appointment Location:

Orange Office

1310 W. Stewart Drive
Suite 406
Orange, CA 92868
Office: (714) 245-0532
Fax: (714) 245-0535