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Vascular Ultrasound Diagnostic Imaging Referral

The Experts in Doppler Ultrasound

| Patient Details | | | | | |
|---|---|--|--|---|--|
| Full Name (Given and Surname): | | Date of Birth: / / | | | |
| | | | | | |
| Address: | | Phone Number: | | Medicare Number: | |
| | | | | | |
| Referring Doctors Details | | | | | |
| _ | | Provider Number: | | Contact Number: | |
| Referring Dr's Name: | | Trovider Number. | | contact Number. | |
| | | | | | |
| Practice Address: | | Requesting Dr's Signature: | | | |
| | | Request Date: / | / | | |
| Clinical Indications | | | Female Sonographer Guarantee | | |
| | | | Does the patient rec Sonographer? | uest to be scanned only by a female | |
| | | | Yes / Doesn't Mind | | |
| Is there a specific date this scan needs to be done on (eg. prior to OPC): | | | | | |
| Tick if Urgent | | | | | |
| Copy of Results To: Medicare Benefits: I assign ultrasound and/or pressur | | | my right to benefits to the provider rendering this vascular | | |
| | | uitiasouna ana/oi pressur | e study service/s | | |
| | | V | | | |
| | | Patient's Signature | | | |
| Examination/s Required | | | | | |
| Venous □Right □Left □Bilateral | Pre-Surgical Mapp | oing Workup □ Right □ Le | eft □Bilateral P | ressure Studies | |
| ☐ Varicose Veins (Venous Insufficiency) | Lower Limb Vei | n Mapping | | ☐ Resting ABI | |
| ☐ Post Varicose Vein Treatment ☐ Upper Limb Ve | | in Mapping | | □ Exercise ABI□ Toe Pressures | |
| Ovarian/Gonadal Veins (4 hr fast) | Pre-Dialysis AVF Creation Mapping: (Arm Vein and Arm Artery Mapping, Central Veins) | | | | |
| ☐ Iliocaval (IVC and Iliac Veins) (4 hr fast) | | | | | |
| ☐ Lower Limb DVT/SVT | Due CADC Mark | | | Finger Pressures | |
| | Pre-CABG Work (Carotids, Arm Arter | Kup: ries, Lower Limb Vein Mapping) |] | ☐ Finger Pressures ☐ Finger Pressures with Compression | |
| Upper Limb DVT/SVT | | | | Finger Pressures with Compression | |
| ☐ Upper Limb DVT/SVT☐ Central Veins (IJV, SCV, Axillary Vein) | | | Our Location: | Finger Pressures with Compression | |
| | (Carotids, Arm Arter | | | Finger Pressures with Compression | |
| ☐ Central Veins (IJV, SCV, Axillary Vein) | (Carotids, Arm Arter Investigations | ries, Lower Limb Vein Mapping) Right Left Bilateral tigation | Our Location: | Finger Pressures with Compression | |
| ☐ Central Veins (IJV, SCV, Axillary Vein) Arterial ☐ Right ☐ Left ☐ Bilateral | (Carotids, Arm Arter Investigations Leg Ulcer Inves (Varicose Veins, Leg | ries, Lower Limb Vein Mapping) Right Left Bilateral tigation Arteries, Toe Pressures) | Our Location: | Finger Pressures with Compression s cal Suites | |
| ☐ Central Veins (IJV, SCV, Axillary Vein) Arterial ☐ Right ☐ Left ☐ Bilateral ☐ Carotids | (Carotids, Arm Arter Investigations Leg Ulcer Inves (Varicose Veins, Leg Diabetic Arteria | ries, Lower Limb Vein Mapping) Right Left Bilateral tigation | Our Location: | Finger Pressures with Compression s cal Suites | |
| ☐ Central Veins (IJV, SCV, Axillary Vein) Arterial ☐ Right ☐ Left ☐ Bilateral ☐ Carotids ☐ Lower Limb ☐ Aortoiliac (4 hr fast) ☐ AAA/EVAR (4 hr fast) | (Carotids, Arm Arter Investigations Leg Ulcer Inves (Varicose Veins, Leg Diabetic Arteria (Carotids, Aortoiliac | ries, Lower Limb Vein Mapping) Right Left Bilateral tigation Arteries, Toe Pressures) al Investigation (4 hr fast) | Our Location: | Finger Pressures with Compression s cal Suites | |
| ☐ Central Veins (IJV, SCV, Axillary Vein) Arterial ☐ Right ☐ Left ☐ Bilateral ☐ Carotids ☐ Lower Limb ☐ Aortoiliac (4 hr fast) ☐ AAA/EVAR (4 hr fast) ☐ Renal (4 hr fast) | Investigations Leg Ulcer Inves (Varicose Veins, Leg Diabetic Arteria (Carotids, Aortoiliac Aneurysm Inve (Aortoiliac, Leg Arte | Right Left Bilateral tigation Arteries, Toe Pressures) al Investigation (4 hr fast) Leg Arteries, Toe Pressures) stigation (4 hr fast) | Our Location: | Finger Pressures with Compression s cal Suites | |
| ☐ Central Veins (IJV, SCV, Axillary Vein) Arterial ☐ Right ☐ Left ☐ Bilateral ☐ Carotids ☐ Lower Limb ☐ Aortoiliac (4 hr fast) ☐ AAA/EVAR (4 hr fast) ☐ Renal (4 hr fast) ☐ Mesenteric (4 hr fast) | Investigations Leg Ulcer Inves (Varicose Veins, Leg Diabetic Arteria (Carotids, Aortoiliac | Right Left Bilateral tigation Arteries, Toe Pressures) al Investigation (4 hr fast) t, Leg Arteries, Toe Pressures) stigation (4 hr fast) | Our Location: | Finger Pressures with Compression s cal Suites | |
| ☐ Central Veins (IJV, SCV, Axillary Vein) Arterial ☐ Right ☐ Left ☐ Bilateral ☐ Carotids ☐ Lower Limb ☐ Aortoiliac (4 hr fast) ☐ AAA/EVAR (4 hr fast) ☐ Renal (4 hr fast) | Investigations Leg Ulcer Inves (Varicose Veins, Leg Diabetic Arteria (Carotids, Aortoiliac Aneurysm Inve (Aortoiliac, Leg Arte | Right Left Bilateral tigation Arteries, Toe Pressures) al Investigation (4 hr fast) c, Leg Arteries, Toe Pressures) stigation (4 hr fast) eries) c Study and Veins) coment Study | Our Locations Elgar Hill Medi Suite 14, Level | Finger Pressures with Compression s cal Suites | |



