

Patient Details

Imaging Request

Clinical Details

Referring Doctor

Your Ultrasound Appointment

Doctor's Signature

Date

Date Epping

Time Heidelberg

Please arrive 15 minutes prior to your appointment

ULTRASOUND REQUIRED

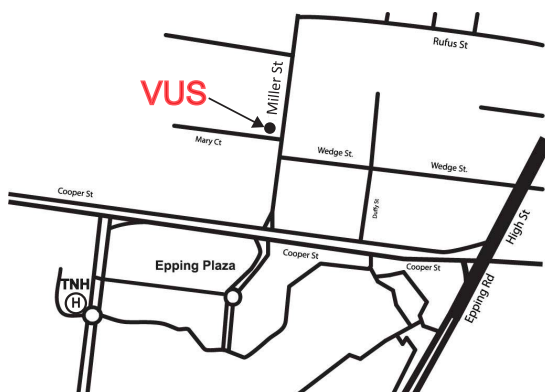
- 1. Carotid
- 2. Aorto-iliac/EVAR/grafts **Fast**
- 3. Visceral /Renal **Fast**
- 4. Lower limb Arterial/grafts (R /L /both legs)
- 5. Upper limb Arterial (R /L /both arms)
- 6. IVC/Iliac Veins **Fast**
- 7. DVT / Chronic Venous/ Varicose Veins (R/ L/ both legs)
- 8. Upper Limb Venous (R /L / both arms)
- 9. Vein Mapping/ Marking (R/ L /both / arms/ legs)
- 10. AVF (R/L)
- 11. ABI (resting / exercise)
- 12. Other, please specify

FASTING?

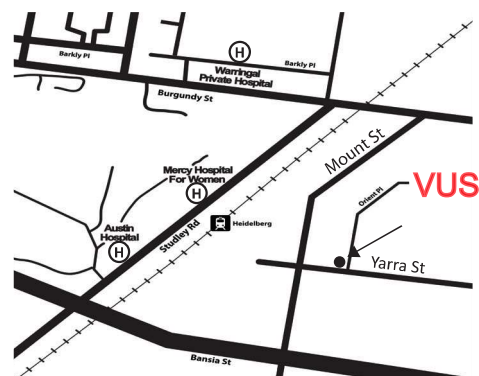
YES NO

You are required to FAST
(no food, drink & smoking)
6 hours prior to your ultrasound.
This is to help reduce the
amount of gas in your abdomen
for better imaging.
(Test No 2, 3 and 6)

Your doctor has recommended VUS, you may choose another provider but please discuss this with your doctor first.



**VUS
EPPING**
Ground Floor,
25 Miller Street,
Epping VIC 3076
Free Onsite Parking



**VUS
HEIDELBERG**
82 Yarra Street,
Heidelberg VIC 3084
Street 2P & 3P Parking