

ALL APPOINTMENTS TO
Ph: 9408 3878
Fax: 9408 0801
Mobile: 0491 639 277

medicare
Bulk Billing

Patient Details

Imaging Request

Referring Doctor

Doctor's Signature

Date

Clinical Details

Your Ultrasound Appointment

Date **Bundoora**

Time **Heidelberg**

Please arrive 15 minutes prior to your appointment

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).

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

GROUPED INVESTIGATIONS:

- Aneurysm Screen**
(Aortoiliac Duplex, Common Femoral Arteries, Popliteal Arteries)
- High Risk/Diabetic Foot Arterial Supply Assessment**
(Bilat Lower limb Arterial Duplex, ABI)
- Peripheral Arterial Disease Screen/Difficulty Walking/Smokers**
(Bilat Lower Limb Arterial Duplex, Carotids, ABI +/-Exercise)
- Ulcer Studies**
(Venous Incompetence Study & Arterial Study)
- New Arteriovenous Fistula/Renal Access Work Up**
(Bilat Upper Limb Arterial Duplex, Bilat Upper Limb Venous Duplex)

THIS REFERRAL IS ACCEPTED AT ANY DIAGNOSTIC IMAGING PROVIDER AT VUS, WE HAVE BOTH MALE AND FEMALE SONOGRAPHERS



Level 3, Suite 29, 240 Plenty Road Bundoora 3083



82 Yarra Street Heidelberg 3084