

# Vascular Ultrasound Request Form

## Kuring-gai Vascular Ultrasound

LSPN 004561 ABN 75 247794104  
Suite 06 Ground Floor 10 Edgeworth David Avenue HORNSBY NSW 2077  
☎ 02 9477 7177 📠 02 9477 6238 ✉ ultrasound@kvu.com.au 🌐 www.kvu.com.au

Dr Richard Harris  
VASCULAR SURGEON MBBS FRACS Vasc  
Provider No. 007026AK

**Bookings Office Hours** Phone (02) 9477 7177 or Facsimile (02) 9477 6238  
Monday to Friday 9.00 am - 5.00 pm

Patient \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Patient Appointment Details** NB: Please see over page for important information regarding preparation instructions.

1. Date \_\_\_\_\_ Time \_\_\_\_\_ 2. Date \_\_\_\_\_ Time \_\_\_\_\_ 3. Date \_\_\_\_\_ Time \_\_\_\_\_

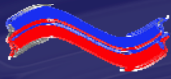
General Request	Specific Request	R	L
1. <input type="checkbox"/> Peripheral Venous	a. Deep Vein Thrombosis Ultrasound	LOWER / UPPER	<input type="checkbox"/> <input type="checkbox"/>
	b. Varicose Vein Ultrasound		<input type="checkbox"/> <input type="checkbox"/>
	c. Preoperative Conduit Ultrasound	LOWER / UPPER	<input type="checkbox"/> <input type="checkbox"/>
	d. Preoperative Perforator Marking	LOWER / UPPER	<input type="checkbox"/> <input type="checkbox"/>
	e. UGS Treatment Ultrasound		<input type="checkbox"/> <input type="checkbox"/>
	f. Post UGS Ultrasound		<input type="checkbox"/> <input type="checkbox"/>
2. <input type="checkbox"/> Peripheral Arterial	a. Ankle-Brachial Index (ABI) ± Digit PPG	LOWER / UPPER	<input type="checkbox"/>
	b. Treadmill Exercising		<input type="checkbox"/>
	c. Femoro-Popliteal Ultrasound		<input type="checkbox"/> <input type="checkbox"/>
	d. Infra-Popliteal Ultrasound		<input type="checkbox"/> <input type="checkbox"/>
	e. Subclavian-Radial Ultrasound		<input type="checkbox"/> <input type="checkbox"/>
3. <input type="checkbox"/> Abdominal	a. Aorto-Iliac Ultrasound		<input type="checkbox"/>
	b. Renal Artery Ultrasound		<input type="checkbox"/>
	c. Visceral Ultrasound		<input type="checkbox"/>
	d. IVC-Iliac Vein Ultrasound		<input type="checkbox"/>
	e. Ovarian / Testicular Vein Ultrasound		<input type="checkbox"/>
4. <input type="checkbox"/> Dialysis Access	A-V Fistula/Graft Ultrasound		
5. <input type="checkbox"/> Extracranial Arterial	Carotid & Vertebral Artery Ultrasound		
6. <input type="checkbox"/> Vascular Surgeon Consultation			

### Clinical Notes

Referring Doctor \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_



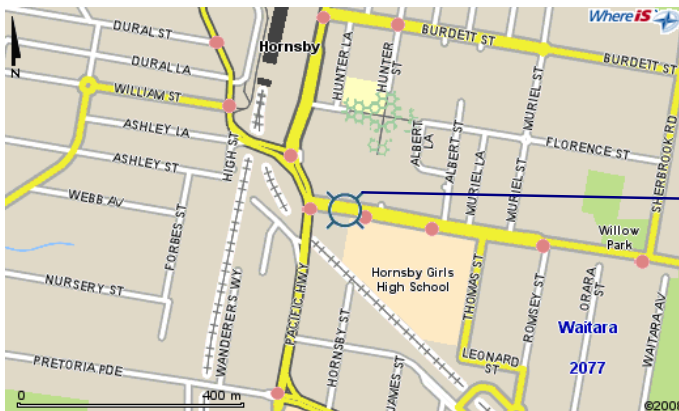
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### Transport & Parking

Kuring-gai Vascular Ultrasound is located in the heart of Hornsby directly opposite Westfield Shopping Centre. You will find us on the ground floor with level access for wheelchairs to the right of the building. We have limited patient parking underneath that is accessed directly off Edgeworth David Avenue. Further off-street parking is available locally. Taxis are available at Hornsby railway station (5-minute walk).



### Patient Information

Ultrasound examinations are painless and minimal patient preparation is necessary. However, patients must follow specific instructions when required. If you have previously had a Vascular Ultrasound examination, please bring these results with you to your appointment. If you require further information about the examination procedure itself, please discuss this with the doctor or sonographer performing the test.

**NB: Results and/or treatment outcomes related to the ultrasound examination will not be discussed with the patient at the time of the appointment. Reports will be sent to the referring doctor.**

### Patient Preparation

Please read the following information carefully as we may need to reschedule ultrasound examinations for patients who do not comply with these instructions.

**Abdominal/Pelvic:** No "fizzy" drinks or "fatty" meals should be consumed for 48 hours prior to appointment. Please fast (**nothing to eat or drink**) from midnight. Do not use chewing gum/lollies or smoke for 6 hours beforehand. Essential medication can be taken with a sip of water. Diabetic patients should have black tea & toast at 6 am with your normal diabetic medication.

**Renal/Ovarian:** Patients having an examination of the kidney or ovarian veins should follow the instructions for "abdominal/pelvic" but should **drink 300 ml of water 1 hour** before their appointment. A full bladder is not necessary for the examination.

**Lower Limb Veins:** **Do not wear any form of stockings**, compression socks or bandages for 12 hours beforehand. Do not apply cosmetics or moisturisers to your legs on the day of the appointment.

### Further Information for Referring Doctors

Patients with acute conditions e.g. suspected DVT, cerebral or peripheral ischaemic episodes will be seen on the same day. In these instances, it is preferable if the referring doctor speaks with the KVU staff directly. We will endeavour to contact the referring doctor with the result by telephone or fax or if you wish, please leave a mobile telephone number. **Booked appointments will be necessary in all other situations.** If appropriate and requested, management including additional tests or hospitalisation can be arranged. If you have any questions in regards to testing procedures, fees, patient management or require a detailed information booklet or further referral pads, please contact us by telephone on (02) 9477 7177, facsimile (02) 9477 6238 or send an email to [ultrasound@kvu.com.au](mailto:ultrasound@kvu.com.au).