

# Vascular Ultrasound Request Form

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

Address \_\_\_\_\_

P: \_\_\_\_\_ M: \_\_\_\_\_ B: \_\_\_\_\_

## Bookings

Phone **02 9477 7177**

Facsimile **02 9477 6238**

## Office Hours

Monday to Friday, 8.00am - 5.00pm

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

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

### General Request

Peripheral Venous

Peripheral Arterial

Abdominal

Dialysis Access

Cerebrovascular

**Vascular Surgeon Consultation**

### Specific Ultrasound Request

1. DVT / STP \_\_\_\_\_ Lower / Upper Limb

2. Venous Incompetence (Varicose Veins) \_\_\_\_\_

3. VV / Perforator / Conduit / UGS / EVLA Marking or Guidance \_\_\_\_\_

4. Post UGS / EVLA Assessment \_\_\_\_\_

5. Ankle-Brachial Index (ABI) & Digit PPG \_\_\_\_\_ Lower / Upper Limb

6. Treadmill Exercising \_\_\_\_\_

7. Femoro-Popliteal Arteries \_\_\_\_\_

8. Infra-Popliteal Arteries \_\_\_\_\_

9. Subclavian-Radial Arteries \_\_\_\_\_

10. Preop Arterial Conduit Marking \_\_\_\_\_

11. Aorto-Iliac Arteries \_\_\_\_\_

12. Renal Arteries \_\_\_\_\_

13. Visceral Arteries (SMA/Coeliac) \_\_\_\_\_

14. IVC-Iliac Veins \_\_\_\_\_

15. Ovarian/Testicular Veins \_\_\_\_\_

16. Preop Artery & Vein Assessment \_\_\_\_\_ Lower / Upper Limb

17. Preop Conduit Marking \_\_\_\_\_ Lower / Upper Limb

18. Postop A-V Fistula / Graft \_\_\_\_\_

19. Carotid & Vertebral Arteries \_\_\_\_\_

R L

### Clinical Notes

*Please send further request forms*

Referring Dr \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

P: \_\_\_\_\_ F: \_\_\_\_\_ M: \_\_\_\_\_ E: \_\_\_\_\_