

## Ultrasound | Interventional Request Form

Date

### Patient Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Appointment Details

Date \_\_\_\_\_ Time \_\_\_\_\_

**Report**

Urgent

Non-urgent

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mail Email \_\_\_\_\_

### Clinical Details

Bilateral

Right

Left

- 1 Carotid & Vertebral Arteries
- 2 Subclavian and Upper Limb Arteries/Veins
- 3 Thoracic Outlet Syndrome
- 4 Lower Limb Vein Study-CVI
- 5 DVT (*Deep Venous Thrombosis*)
- 6 Varicose Veins
- 7 Transplant Studies

8 Renal Artery

9 Mesenteric

10 Aorta

11 Iliac and Lower Limb Arteries

*Fasting required  
(6 hours)  
See Patient  
Information Form  
for Details*

Other

ABI

Interventional Procedure

### Consultation

Does the patient require a consultation?  Yes  No

Signature \_\_\_\_\_ Request Date \_\_\_\_\_

### Referring Doctor Details

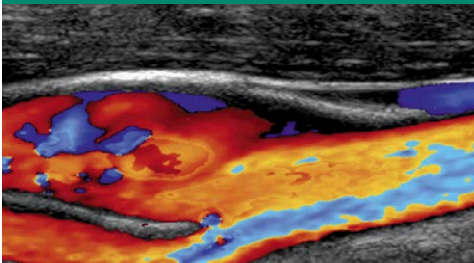
Name \_\_\_\_\_

Provider No \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

MIVIR Regional Vascular Services specializes in ultrasound examinations & interventional procedures



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