

CONTACT INFORMATION :

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465 Hargreaves Street Bendigo VIC 3550

Dr John Vrazas

MB BS, FRANZCR, EBIR

Vascular and Endovascular Specialist

PATIENT INFORMATION :

First Name :

Last Name :

Date of Birth : Gender : Male Female

Address :

Phone Number : Email :

CLINICAL INFORMATION :

Test Requested :

Clinical Notes :

Urgent :

MIVIR Staff Notes :

Doctor / Nurse Practitioner Signature :

Request Date :

REQUESTED SCAN :

Please Indicate Requested Scan

- | | | |
|---|--|---|
| Carotid & Vertebral Arteries <input type="checkbox"/> | Fistula Studies <input type="checkbox"/> | MSK <input type="checkbox"/> |
| Upper Limb Arteries & Veins <input type="checkbox"/> | Upper Abdomen <input type="checkbox"/> | Thyroid & Neck <input type="checkbox"/> |
| Lower Limb Arteries & Veins <input type="checkbox"/> | ARFI (Elastography) <input type="checkbox"/> | Testes <input type="checkbox"/> |
| Thoracic Outlet Syndrome <input type="checkbox"/> | Renal (KUB) <input type="checkbox"/> | Breast (inc. Implant Tissue) <input type="checkbox"/> |
| Renal & Mesenteric Arteries <input type="checkbox"/> | Superficial Lumps & Bumps <input type="checkbox"/> | Prostate <input type="checkbox"/> |
| Gynae (Pelvic) <input type="checkbox"/> | Pregnancy <input type="checkbox"/> | |