

Ultrasound | Interventional Request Form

Patient Given Name and Surname	Date of Birth	Date
Patient Address		

Test Requested

Clinical Notes – Mandatory

Urgent

Copy To	Referring Doctor, Provider Number, Name and Address and Signature
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Vascular and General Ultrasounds Offered

- | | |
|--|--------------------------------|
| 1 Carotid and vertebral arteries | 10 Renal (KUB) Prostate |
| 2 Upper limb arteries and veins | 11 Superficial lumps and bumps |
| 3 Thoracic outlet syndrome | 12 MSK |
| 4 Renal and mesenteric arteries | 13 Breast (including implants) |
| 5 Fistula and transplant studies | 14 Pelvic (Gyne) |
| 6 Aorto-iliac arteries | 15 Early pregnancy/dating |
| 7 Lower limb vein – CVI and varicose veins | |
| 8 Upper abdominal | |
| 9 ARFI (Elastography) | |

ABI

Other

Patient Information: For more information please call 03 5442 3552

- The tests ordered are non-invasive, no needles are involved
- Please be prepared to get partially undressed into a gown
- Please check when booking your appointment as some tests may require you to fast for 6 hours prior to the appointment – no drink or food
- Some tests require a full bladder
- You may take your normal medication with a half a cup of water (No gassy drink for 24 hours)
- Diabetic patients need not fast**

