

Ultrasound | Interventional Request Form

Patient Given Name and Surname

Date of Birth

Date

Patient Address

Patient Phone Number

Test Requested

Clinical Notes – Mandatory

Urgent ☐

Copy To

Referring Doctor, Provider Number, Name and Address and Signature

Vascular and General Ultrasounds Offered

- 1 Carotid and vertebral arteries
- 2 Upper and lower limb arteries and veins
- 3 Thoracic outlet syndrome
- 4 Renal and mesenteric arteries
- 5 Fistula and transplant studies
- 6 Aorto-iliac arteries
- 7 Lower limb vein – CVI and varicose veins
- 8 Upper abdominal
- 9 ARFI (Elastography)

- 10 Renal (KUB) Prostate
- 11 Superficial lumps and bumps
- 12 MSK
- 13 Breast (including implants)
- 14 Pelvic (Gyne)
- 15 Early pregnancy/dating

ABI

Other

Patient Information: For more information please call 03 5442 3552

- 1 The tests ordered are non-invasive, no needles are involved
- 2 Please be prepared to get partially undressed into a gown
- 3 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
- 4 Some tests require a full bladder
- 5 You may take your normal medication with a half a cup of water (No gassy drink for 24 hours)
- 6 **Diabetic patients need not fast**

