

Patient Details

***These sections MUST be completed**

Name* D.O.B*
 Address* Postcode
 Telephone (H) (B) Mobile
 Medicare Card

Clinical Notes

Procedure Requested

Consultation

Arterial Evaluation Lower Limbs

Arterial Evaluation Upper Limbs

- 1 Exercise Study Arterial Duplex Ultrasound
- 2 Arterial Duplex Ultrasound
- 3 False Aneurysm

- 4 Thoracic Outlet Syndrome
- 5 Vaso Spastic Disorders

Abdominal Ultrasound

Carotid Ultrasound

- 6 Bruit, TIA, Stroke
- 7 Subclavian Steal
- 8 Vertebral Basilar Insufficiency

- 11 Abdominal Aortic Aneurysm
- 12 Visceral Artery Stenosis
- 13 Iliac Artery Stenosis
- 14 Pelvic/Ovarian Veins Ultrasound

Venous Ultrasound

Other

- 9 Exclusion of DVT
- 10 Chronic Venous Insufficiency

Referring Doctor Details

***These sections MUST be completed**

Name* Provider Number*
 Address* Specialty
Postcode Telephone
 Signature* Date* Facsimile