YARRA VASCULAR IMAGING

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IMAGING REQUEST

ALL SCANS BULK BILLED

PATIENT DETAILS

NAME: _____

ADDRESS: _____

DATE OF BIRTH: ____/____/____

PHONE (H): _____

MOBILE: _____

UR NO.# _____

SCAN REQUIRED:

CLINICAL DETAILS:

REFFERING DOCTOR NAME:

DOCTOR PHONE NUMBER:

PROVIDER NUMBER:

DOCTORS SIGNATURE: **DATE:** / /

APT TIME FRAME:

❑ Days ❑ Weeks ❑ Months

COPIES TO:

SPECIFIC INVESTIGATIONS:

ARTERIAL ❑R ❑L ❑BILATERAL

- ❑ Carotids
- ❑ Lower Limb
- ❑ Aortoiliac / AAA / EVAR (4 hour FASTING)
- ❑ Mesenteric (Coeliac, SMA, IMA) (4 hour FASTING)
- ❑ Renal (4 hour FASTING)
- ❑ Upper Limb
- ❑ Thoracic Outlet Study
- ❑ Popliteal Entrapment
- ❑ Graft Surveillance

VENOUS ❑R ❑L ❑BILATERAL

- ❑ Varicose Veins (+ Toe Pressures)
- ❑ DVT Lower Limb
- ❑ DVT Upper Limb
- ❑ Iliocaval Venous Duplex (May -Thurner, Nut Cracker Syn.)
- ❑ Ovarian Vein Study/Testicular Vein Study
- ❑ Vein Mapping
- ❑ Arteriovenous Fistula (AVF)

PRESSURE STUDIES ❑R ❑L ❑BILATERAL

- ❑ Ankle Brachial Pressure Index ABI (Resting)
- ❑ Exercise Ankle Brachial Pressure Index
- ❑ Toe Pressures (TBI)
- ❑ Finger Pressures (FBI)

GROUPED INVESTIGATIONS:

❑ Aneurysm Screen
(Aortoiliac Duplex, Popliteal Arteries, Common Femoral Arteries)

❑ High Risk / Diabetic Foot Arterial Supply Assessment
(Bilat Lower limb Arterial Duplex, Toe Pressures)

❑ Peripheral Arterial Disease Screen
(Bilat Lower Limb Arterial Duplex, Carotids, Toe Pressures, Resting ABPI +/- Exercise ABPI)

❑ Venous Ulcer Studies
(Venous Incompetence Study, Iliocaval Venous Duplex, Toe Pressures – if abnormal proceed with Arterial Duplex)

❑ New Arteriovenous Fistula /Renal Access Work Up
(Bilat Upper Limb Arterial Duplex, Bilat Upper Limb Venous Duplex)

THIS REFERRAL IS ACCEPTED AT ANY DIAGNOSTIC IMAGING PROVIDER

❑ **Epping -** Northern Private Hospital, Suite 6
Level 2, 12 Osburn Place, Epping, VIC 3076

❑ **Heidelberg -** Suite 3, Level 3
10 Martin Street, Heidelberg, VIC 3084

❑ **Bendigo -** Bendigo Day Surgery, Suite 2
Level 1, 1 Chum Street Bendigo, VIC 3550

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