



VASCULAR ULTRASOUND REQUEST

Full Name				Date Of Birth	/ /
Address				Medicare Number	
Phone		Mobile		Private Fund Name / Number	

COMPLETE THE CLINICAL INDICATION FOR TEST OR SELECT FROM THE BOXES BELOW

☐ Routine

☐ **URGENT** - please ☐ Phone ☐ Fax results

☐ Consult to Surgeon

LOCATION OF SCAN:

☐ NORTH SHORE PRIVATE HOSPITAL

☐ LADY DAVIDSON HOSPITAL

☐ ROSEVILLE

	TEST REQUESTED	SPECIFIC REQUEST	LIMB	R	L	BIL
1	<input type="checkbox"/> Carotid and Vertebral Duplex					
2	<input type="checkbox"/> Arterial Duplex	<input type="radio"/> Peripheral <input type="radio"/> Aorto-Iliac <input type="radio"/> AAA <input type="radio"/> EVAR <input type="radio"/> Renal <input type="radio"/> Mesenteric <input type="radio"/> Peripheral +/- Aorto-Iliac	<input type="radio"/> Upper Limb <input type="radio"/> Lower Limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Venous Duplex - DVT	<input type="radio"/> Peripheral <input type="radio"/> IVC / Iliac Veins <input type="radio"/> Portal / Mesenteric	<input type="radio"/> Upper Limb <input type="radio"/> Lower Limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Venous Duplex - Venous Insufficiency	<input type="radio"/> Varicose Veins <input type="radio"/> Chronic Venous Insufficiency <input type="radio"/> Ovarian Veins	<input type="radio"/> Lower Limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> False Aneurysm		<input type="radio"/> Upper Limb <input type="radio"/> Lower Limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> Arterio-Venous Fistula	<input type="radio"/> AV Fistula / Graft <input type="radio"/> AV Access workup mapping	<input type="radio"/> Upper Limb <input type="radio"/> Lower Limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/> Preoperative Assessment	<input type="radio"/> Marking for Bypass <input type="radio"/> Marking for Varicose Vein surgery	<input type="radio"/> Upper Limb <input type="radio"/> Lower Limb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> Thoracic Outlet - Functional Study	<input type="radio"/> Arterial <input type="radio"/> Venous		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/> Ankle Brachial Index (ABI)	<input type="radio"/> Resting <input type="radio"/> Treadmill				
10	<input type="checkbox"/> Other					

IMPORTANT This section MUST be completed in FULL	Requested By: <i>Please print clearly</i>	Dr.	PROVIDER NUMBER	
	Signature		Request Date	/ /
	Address		Phone	
COPIES TO	<input type="checkbox"/> Dr.: <input type="checkbox"/> Ward: <input type="checkbox"/> RNSH Clinic: <input type="checkbox"/> Other:			

Your doctor has recommended you use North Shore Vascular Laboratory. You may choose another provider but please discuss this with your doctor first.

Patients with acute conditions will be seen the same day. In this instance it is preferable that your doctor speak directly to our staff.

If you are having other imaging performed the same day, it is preferable to perform the ultrasound first.

Please ensure your scan appointment is before other imaging bookings. If this is not possible please contact us for advice.

Full payment is required at time of service.
Pensioner discount is available.

PREPARING FOR YOUR APPOINTMENT

At the time of booking you may be advised to follow one of these preparation procedures:

- Fasting:** No smoking, chewing gum or fizzy drinks 24 hours prior to your test. Nil by mouth 6 hours prior to your appointment. Sips of water may be taken and medications taken as normal.
- Fasting diabetic:** Fast as per above plus black tea and dry toast may be taken.
- Varicose Vein / Venous Insufficiency:** No moisturising creams on legs. Do not wear compression stockings the day of the appointment. An afternoon appointment is preferable for this study. Please make sure you have eaten beforehand.
- Ovarian vein ultrasound:** Fasting (as above) and finish drinking a litre of water one hour before your test and do not empty your bladder. This scan requires a full bladder.

BOOKING YOUR APPOINTMENT(S)

To book your appointment, please contact us between 8:30AM & 4:30PM Monday - Friday.

Phone: (02) 9437 1600
Fax: (02) 9437 1611
Email: mail@nsv.com.au

**Please arrive
15 MINUTES PRIOR TO YOUR APPOINTMENT
to complete necessary paperwork.**

YOUR APPOINTMENT CHECKLIST

Please remember to bring the following with you:

- ✓ Previous Imaging results
- ✓ Your Referral from your doctor
- ✓ Your Medicare card
- ✓ Private Health Insurance Fund details
- ✓ Your payment method

Appointment 1

DATE: _____

TIME: _____

PREP: ☐ None ☐ Fasting ☐ Nil on leg
☐ Other

Appointment 2

DATE: _____

TIME: _____

PREP: ☐ None ☐ Fasting ☐ Nil on leg
☐ Other

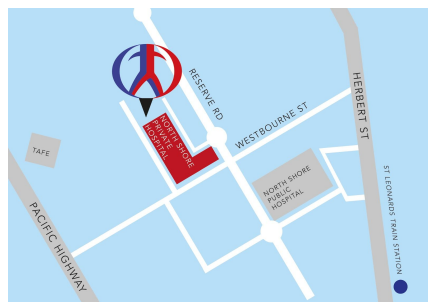
Appointment 3

DATE: _____

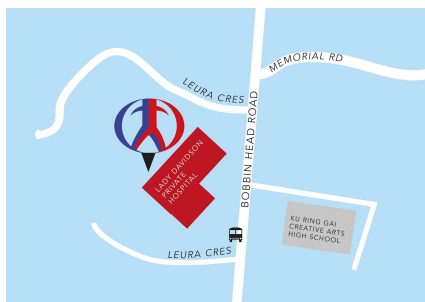
TIME: _____

PREP: ☐ None ☐ Fasting ☐ Nil on leg
☐ Other

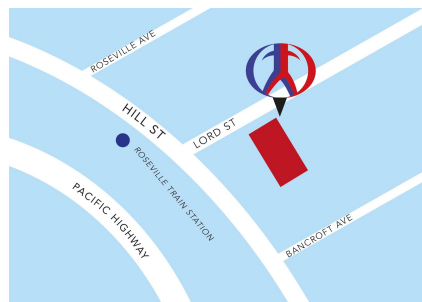
- ☐ **North Shore Private Hospital**
Ground Floor, 3 Westbourne St
ST LEONARDS 2065



- ☐ **Lady Davidson Private Hospital**
434 Bobbin Head Rd
NORTH TURRAMURRA 2074



- ☐ **Roseville Specialist Clinic**
5 Lord St
ROSEVILLE 2069



Carpark: Yes. (Paid)

Bus Services

Free shuttle from train station
"Artarmon Loop".
+ 144, 143, 252, 291
& others.

Train Station

St Leonards (450m)
Has Elevator

Carpark: Yes. (Free)

Bus Services

577, 594

Train Station

Turrumurra (6km)
Has Elevator

Carpark: Yes. (Free)

Bus Services

23T1, 24T1,
565, N90

Train Station

Roseville (150m)
No Elevator