



North Shore Private Hospital • Lady Davidson Private Hospital • Redleaf Specialist Centre

## 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 send results via:  Phone  Fax  
 Consult to Surgeon

LOCATION OF SCAN:  North Shore Private Hospital  Lady Davidson Private Hospital  Redleaf Specialist Centre, Wahroonga

|    | 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<br><input type="radio"/> Aorto-Iliac <input type="radio"/> AAA <input type="radio"/> EVAR<br><input type="radio"/> Renal <input type="radio"/> Mesenteric<br><input type="radio"/> Peripheral +/- Aorto-Iliac | <input type="radio"/> Upper Limb<br><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<br><input type="radio"/> IVC / Iliac Veins<br><input type="radio"/> Portal / Mesenteric   | <input type="radio"/> Upper Limb<br><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<br><input type="radio"/> Chronic Venous Insufficiency<br><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<br><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<br><input type="radio"/> AV Access Workup Mapping   | <input type="radio"/> Upper Limb<br><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<br><input type="radio"/> Marking for Varicose Vein Surgery  | <input type="radio"/> Upper Limb<br><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  |  |                          |                          |                          |
| 9  | <input type="checkbox"/> Ankle Brachial Index (ABI)           | <input type="radio"/> Resting <input type="radio"/> Treadmill  |  |                          |                          |                          |
| 10 | <input type="checkbox"/> Other                                |  |  |                          |                          |                          |

|   |  |                                |                                       |                                 |
|---|--|--------------------------------|---------------------------------------|---------------------------------|
| <b>IMPORTANT:</b><br>This section MUST be completed in FULL | Requested by:<br><i>Please print clearly</i> |                                | <b>PROVIDER NUMBER</b>                |                                 |
|   | Signature:                                   |                                | Request Date                          | / /                             |
|   | Address:                                     |                                | Phone                                 |                                 |
| Copies to:  | 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. If this is not possible please contact us for advice.**

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

## 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](mailto:mail@nsv.com.au)

**Please arrive 15 minutes prior to your appointment to complete the necessary paperwork.**

## PREPARING FOR YOUR APPOINTMENT

At the time of booking you may be advised to follow one of the following 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 above plus black tea and dry toast may be taken.

### Varicose Vein / Venous Insufficiency:

No moisturising cream 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.

## 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:

#### LOCATION:

- ST LEONARDS**  
North Shore Private Hospital
- TURRAMURRA**  
Lady Davidson Private Hospital
- WAHROONGA**  
Redleaf Specialist Centre

PREP:  None  Fasting  Other

### Appointment 2

DATE:

TIME:

#### LOCATION:

- ST LEONARDS**  
North Shore Private Hospital
- TURRAMURRA**  
Lady Davidson Private Hospital
- WAHROONGA**  
Redleaf Specialist Centre

PREP:  None  Fasting  Other

### Appointment 3

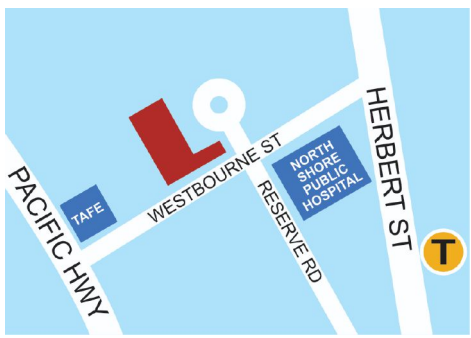
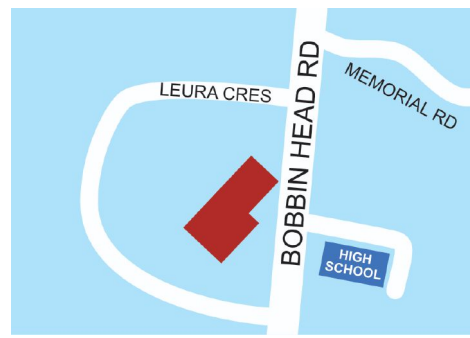
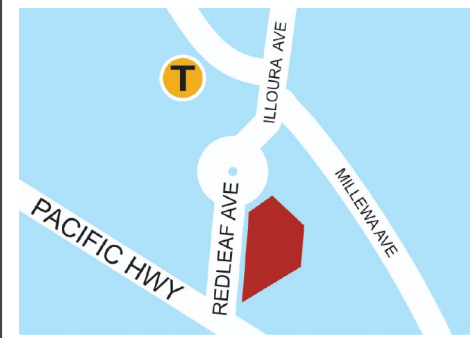
DATE:

TIME:

#### LOCATION:

- ST LEONARDS**  
North Shore Private Hospital
- TURRAMURRA**  
Lady Davidson Private Hospital
- WAHROONGA**  
Redleaf Specialist Centre

PREP:  None  Fasting  Other

| North Shore Private Hospital<br>Ground Floor, 3 Westbourne St<br><b>ST LEONARDS</b> 2065   |   | Lady Davidson Private Hospital<br>434 Bobbin Head Rd<br><b>NORTH TURRAMURRA</b> 2074 |   | Redleaf Specialist Centre<br>Suite 8, Level 1, 2 Redleaf Avenue<br><b>WAHROONGA</b> 2076 |   |
|--|---|--|---|--|---|
|    |   |  |   |     |   |
| <b>Carpark:</b> Yes (Paid)<br><b>Bus Services:</b> Free shuttle from train station "Artarmon Loop" + 144, 143, 252, 291 & others | <b>Train Services:</b> St Leonards (450m)<br>Has Elevator | <b>Carpark:</b> Yes (Free)<br><b>Bus Services:</b> 577, 594                          | <b>Train Services:</b> Turramurra (6km)<br>Has Elevator | <b>Carpark:</b> Yes<br><b>Bus Services:</b> 576, 576T                                    | <b>Train Services:</b> Wahroonga (110m)<br>Has Elevator |