



☎ 1300 DVT 000 (1300 388 000)

Fax: 07 5572 2283

✉ sonographers@ausultrasound.com.au

🌐 www.ausultrasound.com.au

REQUEST FORM

Name: _____

Medicare No: _____

Phone: _____

Medicare Exp: ____/____/____ No: ____

D.O.B.: ____/____/____

(or attach patient identification label)

NON-INVASIVE VASCULAR DIAGNOSTIC IMAGING:

CEREBROVASCULAR

- 1. Carotid and Vertebral Duplex
- 2. Internal Jugular and Vertebral Veins

ABDOMINAL

- 3. AAA
- 4. EVAR Surveillance
- 5. Aortoiliac Arterial Duplex
- 6. Renal Duplex
- 7. Mesenteric Arterial Doppler
- 8. IVC-iliac Venous Duplex
- 9. Ovarian Venous Duplex /
Left Renal Vein Compression

LOWER EXTREMITY Arterial

- 10. Lower Extremity Arteries
(+/- Aorto-iliac arteries) Rt Lt
- 11. Graft Surveillance Rt Lt
- 12. Popliteal Entrapment Study

UPPER EXTREMITY Arterial

- 13. Upper Limb Arterial Dopler Rt Lt
- 14. Thoracic Outlet Study
(Art + Venous Dynamic Study) Rt Lt

LOWER EXTREMITY Venous

- 15. Chronic Venous Insufficiency
Mapping (Varicose veins) Rt Lt
- 16. DVT
(+/- IVC & iliac veins) Rt Lt
- 17. Pre-surgical Marking
(prior to surgery) Rt Lt
- 18. Conduit Mapping

UPPER EXTREMITY Venous

- 19. Upper Limb Veins
DVT Mapping Rt Lt

DIALYSIS ACCESS

- 20. Dialysis Fistula Duplex Rt Lt
- 21. Renal Transplant Workup
(Aorta & Carotid)
- 22. Other Study _____

CLINICAL INDICATIONS:

Referring Doctor: _____

Signature: _____

Provider No: _____ Copy to: _____ Date: ____/____/____

Email: _____ Fax: _____