



vascular imaging centre

Specialist Vascular Ultrasound

Ph: 03 9429 4111 / Fax: 03 9429 5488

Epworth Medical Centre – Suite 1.7, 173 Lennox Street, Richmond VIC 3121

Appointment Date: Time:

Patient Name: Date of Birth:

Address:

Telephone Number:

Referring Doctor:

Address:

Provider No:

INVESTIGATION REQUEST

- Carotid
- Lower Limb Arteries
- Lower Limb Veins – DVT Study
- Lower Limb Veins – Incompetence Study
- Graft Surveillance
- Renal / Mesenteric
- Upper Limb Arteries / Veins
- Aorto-iliac Arteries / Veins
- Other

Clinical Details:

- Bilateral
- Right
- Left
- Report: Routine
- Urgent
- Copy To:

Report Delivery: Electronic Fax Post Phone

Date: Signed: