



Imaging referral form

Patient details

Name: _____

DOB: _____

Phone: _____

Doctor details

Referred by:

Provider no:

Signature:

Date:

cc to:

Examination required

- Carotid Duplex
- Arterial Duplex Upper Limb Lower Limb
 - Left Right
- Ankle Brachial Index (ABI)
- Aorta Iliac (Fasting)
- Mesenteric (Fasting)
- Renal Artery (Fasting)
- Pelvic Vein Duplex (Fasting)
- Venous Duplex Upper Limb Lower Limb (DVT)
 - Left Right
- Varicose Veins / Insufficiency Study
 - Left Right
- Arterio Venous Fistula Duplex
- Arterio Venous Fistula Mapping
- Leg Vein Mapping

Clinical details / Information required:

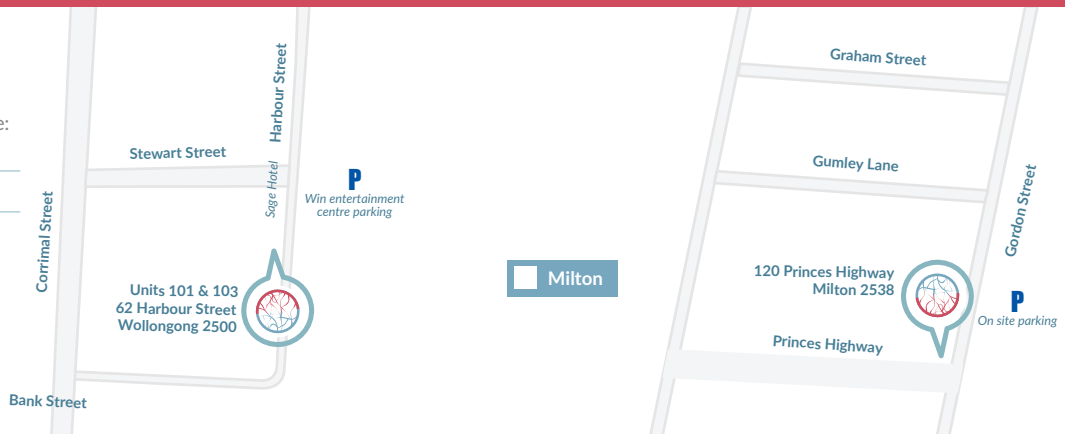
Please bring this with you on the day of the appointment

Locations:

Appointment Date & Time:

Wollongong

Milton





Fasting requirements (Aorta / Mesenteric / Renal tests ONLY).

- Avoid all fatty foods , gassy drinks & dairy products the day before your appointment.
- No chewing gum or smoking on the day of your appointment
You must not have anything to eat or drink after 10pm the night before your appointment.
Diabetics - have an early and light breakfast.
Renal patients - drink plenty of water the day before your appointment.
Pelvic scans - drink 1-2 glasses of water before your appointment, not required to hold.