# San Radiology & Nuclear Medicine

# **Vascular Ultrasound Request**

Please scan here to request an appointment



#### SYDNEY ADVENTIST HOSPITAL

185 Fox Valley Rd, Wahroonga NSW 2076

Radiology Level 3, Tulloch Building E: radiology@sah.org.au

# **PARKWAY SAN CLINIC**

172 Fox Valley Rd, Wahroonga NSW 2076 Ground Floor, Suite G01 **E:** radiology@sah.org.au

Patient Name:	D.O.B:
Address:	Postcode:
Phone: Mobile:	MRN:
ARTERIAL STUDIES	VENOUS STUDIES
<ul> <li>Carotid and Vertebral Arteries (extracranial)</li> <li>CVA</li> <li>TIA</li> <li>Bruit</li> <li>Pre Op</li> <li>Ankle Brachial Index (ABI or ASPI)</li> <li>Resting ABI</li> <li>Exercise ABI</li> </ul>	Venous Duplex - Exclude DVT       R       L         Upper Limb       Lower Limb         IVC / Iliac Veins         Venous Incompetence - Lower Limb       R         Ovarian / Pelvic Veins
<ul> <li>Restand PPG</li> <li>Arterial Duplex (peripheral)</li> <li>R L</li> <li>Upper Limb</li> <li>Lower Limb</li> <li>Popliteal Arteries</li> <li>Aorto-iliac</li> <li>False Aneurysm +/-</li> <li>Chemical Occlusion of False Aneurysm</li> <li>Abdominal Arterial Duplex</li> <li>AAA</li> <li>EVAR (follow up</li> <li>Renal</li> <li>Mesenteric</li> <li>Arterio-Venous Fistula Duplex</li> <li>R L</li> <li>Upper Limb</li> <li>Lower Limb</li> </ul>	PRE-OPERATIVE ASSESSMENT         Mapping       R         Upper Limb       Lower Limb         Veins       Veins         Pre AVF       Pre AVF         Arteries       Arteries         Pre CAGS       Pre CAGS         Skin Marking       R       L         (Previous Mapping within 12 months - enclosed)       Lower Limb         GSV       SSV         SPJ       Perforators
RELEVANT CLINICAL HISTORY	REFERRER DETAILS

Name:	
Provider No:	
Address:	
Copy to:	
Phone:	Fax:
Signature:	_ Date:
Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.	

PLEASE TICK TO OPT OUT OF PRINTED IMAGES

All images are available online

**Fax** 02 9480 9845



# **PATIENT INFORMATION:**

#### **Abdominal Arterial Duplex**

#### (including Aorta, iliac, messenteric artery, EVAR)

- Do not drink or eat 6 hours prior to your appointment time
- Do not chew gum or smoke prior to your examination
- Take medications as normal

# **Renal Artery Studies**

- Do not drink or eat 6 hours prior to your appointment time
- Do not chew gum or smoke prior to your examination
- Take medications as normal
- Stay well hydrated the day before your examination

# Carotid and Vertebral Arteries (extracranial)

• No special preparation necessary

### Venous Studies and Arterial Lower Limb Studies

- If you currently have bandaged leg wounds please inform reception
- Please coordinate with your wound carer the necessity of removing and reappling any bandages prior to and following your examination.

#### **Diabetic Patients:**

If you are diabetic please inform reception at time of booking. For examinations requiring you to fast, book the earliest appointment possible. Continue your usual diet and medications unless instructed otherwise.

For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.

# **HOW TO FIND US**

## San Radiology:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in D

#### Parkway San Clinic:

Entry and exit to and from the Parkway San Clinic carpark is left in and left out only, on both Fox Valley Road and the Comenarra Parkway.





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# **MY APPOINTMENT DETAILS**

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Appt Date:

Appt Time:

Note: