

# VASCULAR ULTRASOUND REQUEST FORM

Radiology Department, Direct Line: (020) 7460 5746 / 5747  
 Radiology Department, Direct Fax: (020) 7835 2496 / (020) 7460 5576



**PLEASE BRING THIS FORM WITH YOU WHEN YOU ATTEND THE HOSPITAL**  
**All sections of this form must be fully completed**

Monday:	2.00 - 7.30
Tuesday:	3.00 - 5.30
Wednesday:	2.00 - 4.30
Thursday:	9.00 - 11.30
Friday:	9.00 - 11.30

**Patient Details:** Place Sticker Here

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Hospital No: \_\_\_\_\_ Sex:  M  F

**Appointment**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referring Consultant/GP: \_\_\_\_\_

Report/CD to: \_\_\_\_\_

**PLEASE GIVE THIS FORM TO OUTPATIENTS  
 BEFORE GOING TO VASCULAR LAB**

Chg. No.	Tick	Exam		
638010		Ankle Pressure		
638008		Aortic Duplex <b>***STARVE</b>		
638025		Aneurysm Duplex <b>***STARVE</b>		
638026		AV Fistula / Access Duplex	R	L
638004		Carotid Duplex Scan		
638009		Exercise Pressure Test		
638011		False Aneurysm	R	L
638007		Graft Surveillance <b>***STARVE</b>	R	L
638003		Lower Limb Arterial Duplex Bilateral <b>***STARVE</b>		
638032		Lower Limb Arterial Duplex Unilateral <b>***STARVE</b>	R	L
638035		Lower Limb Venous Duplex unilateral	R	L
638002		Lower Limb Venous Duplex bilateral		
638001		Pre-Op Vein Marking	R	L
638006		Upper Limb Arterial Duplex	R	L
638005		Upper Limb Venous Duplex	R	L
639015		Guidance Venous Ablation Unilateral	R	L
639016		Guidance Venous Ablation Bilateral		
638012		EMERGENCY CALL OUT x 1		
638020		EMERGENCY CALL OUT x 2		

**SPECIAL INSTRUCTIONS:**

Allergies: \_\_\_\_\_

HEP B Status \_\_\_\_\_

MRSA Status \_\_\_\_\_

**CLINICAL HISTORY & reason for Exam:**  
 (Past medical or surgical information)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*STARVE:** Nothing to eat or drink 4 hours prior to exam, medications can be taken with small amount of still water

**Referring Clinician Signature**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Operator: \_\_\_\_\_

Date: \_\_\_\_\_