



### Vascular Ultrasound Request Form

Radiology Dept. Direct Line (020) 7460 5746/5747

Radiology Dept. 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: \_\_\_\_\_  
 DoB: \_\_\_\_\_  
 Hospital No: \_\_\_\_\_ Sex:  M  F

Appointment  
 Date \_\_\_\_\_ Time \_\_\_\_\_  
 Referring Consultant / GP \_\_\_\_\_  
 Report / CD to: \_\_\_\_\_

PLEASE GIVE THIS FORM TO OUT PATIENTS 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 Bi Lateral <b>***STARVE</b>		
638032		Lower Limb Arterial Duplex Uni Lateral <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 Uni Lateral	R	L
639016		Guidance Venous Ablation Bi Lateral		
638012		EMERGENCY CALL OUT x1		
638020		EMERGENCY CALL OUT x2		

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

Operator : \_\_\_\_\_ Date : \_\_/\_\_/\_\_\_\_