

# Ultrasound Request

Date .....

## Patient details

(affix patient label)

Name .....

Date of Birth .....

Address .....

Phone .....

## Clinical details

Ward: .....

.....

.....

.....

.....

Does the patient require a consultation?  Yes  No

.....

## Referring doctor details

Referring Dr .....

Provider No. .... Date .....

Address .....

Signature .....

Report:  Urgent  Non-urgent

Send via:  Phone  Fax  Mail  Email

.....

.....

## Ultrasound required:

Bilateral  Right  Left

## Ultrasound:

Carotid – Renal\* – Aorta\*

Lower limb arteries

Veins – Varicose veins – DVT

Muscular-skeletal

Thyroid

Testicular

Breast

Pelvic (Full bladder)

Abdomen\* – GB\* – Pancreas\*

Liver – Spleen\*

Other .....

.....

\* Fasting required. See over



ST VINCENT'S  
PRIVATE HOSPITAL

FITZROY

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

## St Vincent's Private Hospital Cardiovascular Care Centre

Level 1 59 Victoria Parade  
Fitzroy Vic 3065

Phone: (03) 9411 7100

(03) 9411 7107

Facsimile: (03) 9411 7122

Website: www.svphm.org.au

## Dr John Vrazas

FRANZCR

Consultant Interventional Radiologist

Email: info@mivir.com.au

Website: www.mivir.com.au





## Patient Information

Please be prepared to get partially undressed into a gown.  
(A gown will be provided.)

Some tests may require you to fast for **6 hours** prior to your appointment, **no food or drink.**

(No fizzy drinks for 24 hours prior to appointment.)

– You may take your normal medication with half cup water.

*Diabetic patients need not fast.*

**If you are unsure, please contact 03 9411 7100**

### St Vincent's Private Hospital Fitzroy

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[www.svphm.org.au](http://www.svphm.org.au)



 Undercover Parking