



NORTHERN VASCULAR LABORATORY

Suite 4105, Level 1
Dee Why Grand
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Dee Why NSW 2099
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Vascular Ultrasound Specialists Ultrasound Request Form

Vascular Surgeons

A/Prof Irwin Mohan
MBBS, MD, FRCS, FEBVS,
FRCS(VASC/GEN), FRACS(VASC)

Dr Michael Stephen
MBBS, FRACS

www.northernvascularlaboratory.com.au

**Please remember to bring
all previous scans and your
request form with you.**

No special preparation is needed for patients having arterial or venous scans or carotid scans.

Patients having abdominal scans for the aorta, iliac or renal and mesenteric vessels should be fasted for at least six hours.

Normal medications should be taken with a sip of water, and diabetic patients should contact the clinic receptionist for instructions.

Parking and lifts are available on Level B2.



PATIENT DETAILS

Name

Address

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DOB Telephone

CEREBROVASCULAR SCAN

☐ Amaurosis ☐ TIA ☐ Bruit ☐ Subclavian

Other

PERIPHERAL ARTERIAL SCAN

☐ Ankle Brachial Pressure Index ☐ Right ☐ Left
☐ At Rest ☐ Exercise

Other

ABDOMINAL SCAN

☐ AAA ☐ Renal Artery ☐ Mesenteric Vessels ☐ Aorto-iliac

Other

VENOUS SCAN

☐ Right ☐ Left ☐ Pre-op Marking
☐ Varicose Veins ☐ DVT ☐ Ovarian/Pelvic ☐ Ulcers

Other

CLINICAL DETAILS

SPECIALIST CONSULTATION REQUIRED ☐

Referring Doctor

Address

.....

Phone/Fax/Mobile

Signature Provider No