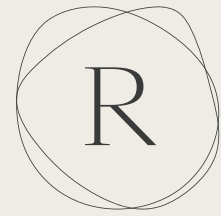



VASCULAR ULTRASOUND REFERRAL



Referrer Sign: _____ Date: _____

Referrer Provider Number & Contact Details: _____

For all appointments - please email the referral to  ultrasound@rclinic.com.au.
Our staff will contact you to arrange an appointment for you as soon as possible.

For urgent appointments only - doctors line - please call our reception on  (02) 5119 3898

WWW.RCLINIC.COM.AU



OUR LOCATION

CO1/4 GRAZIER LANE
BELCONNEN ACT 2617

IF YOU HAVE ANY TROUBLE
FINDING US, PLEASE FEEL
FREE TO CALL US ON

 (02) 5119 3898

The closest car park is the undercover Wilson Republic Car Park located at 4 Grazier Lane. Follow the Woolworth Metro lift sign from the car park to take the lift to "G". We are located on the same level as Woolworth Metro

**ULTRASOUND-
BY APPOINTMENTS ONLY**

**PLEASE BRING THIS REFERRAL WITH
YOU ON THE DAY OF APPOINTMENT**

INVESTIGATIONS REQUESTED

- | | | | | |
|-------------------------------------------------------|---|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Ankle Brachial Index (ABI) | | | | <input type="checkbox"/> Pelvic Venous Duplex
(incl. Ovarian/Gonadal Vein) Fasting |
| <input type="checkbox"/> Arterial Duplex | → | <input type="checkbox"/> Upper Limb
<input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Lower Limb
<input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Carotid Duplex |
| <input type="checkbox"/> DVT Duplex | → | <input type="checkbox"/> Upper Limb
<input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Lower Limb
<input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> A-V Fistula Duplex |
| <input type="checkbox"/> Chronic Venous Insufficiency | → | <input type="checkbox"/> Upper Limb
<input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Lower Limb
<input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Aorta / Iliac/ Mesenteric Duplex (Fasting) |
| | | | | <input type="checkbox"/> Renal Artery Duplex (Fasting) |

FASTING TESTS

1. Diabetic Patients: Please contact us for instructions.
2. Non-diabetic: Please do not eat after 9pm the night before.
3. Please avoid fatty foods, gassy drinks and all dairy products for 24 hours before your appointment. You may take your medication on the morning of your appointment with a small amount of water only. No chewing of gum or smoking on the morning of your appointment.
4. Renal Arterial Patients: Please follow the instructions above, in addition drink 1/2 litre of water 1 hour before your appointment. You can empty your bladder.