DR IGOR BANZIC
MD PHD, FEBVS, FRACS

Vascular & Endovascular Surgeon
Provider No.: 5557895B

NSV
NORTHERN SYDNEY VASCULAR

ABN: 257 2336 3072
North Shore Private Hospital
Suite 5 Level 5, Westbourne Street
St Leonards NSW 2065
Ph: 9439 8972 / Fax: 9439 4006
admin@northernsydneyvascular.com.au
northernsydneyvascular.com.au

VASCULAR ULTRASOUND REQUEST

PATIENT DETAILS

Name: _____ DOB: _____

Address: _____ Ward: _____

OUTPATIENT ☐ INPATIENT ☐

PATIENT DETAILS

☐ Carotid & Vertebral Duplex:			
☐ Aorto-Iliac Arterial Duplex:	☐ AAA	☐ EVG	
☐ Lower Limb Arterial Duplex:	☐ Right	☐ Left	
☐ Upper Limb Arterial Duplex:	☐ Right	☐ Left	
☐ Renal / Mesenteric Duplex:	☐ Renal	☐ Mesenteric	
☐ DVT	☐ Lower limb	☐ Upper limb	☐ Abdominal
	☐ Right	☐ Left	
☐ Venous Insufficiency (Varicose veins)	☐ Right	☐ Left	☐ Ovarian/Pelvic
☐ Post Op Varicose Veins	☐ Right	☐ Left	
☐ Thoracic Outlet Syndrome	☐ Right	☐ Left	
☐ Arterio-Venous Fistula:	☐ Progress	☐ Mapping	
	☐ Right	☐ Left	
☐ Popliteal Entrapment Syndrome			
☐ Other:			

CLINICAL NOTES

REFFERRING DOCTOR DETAILS

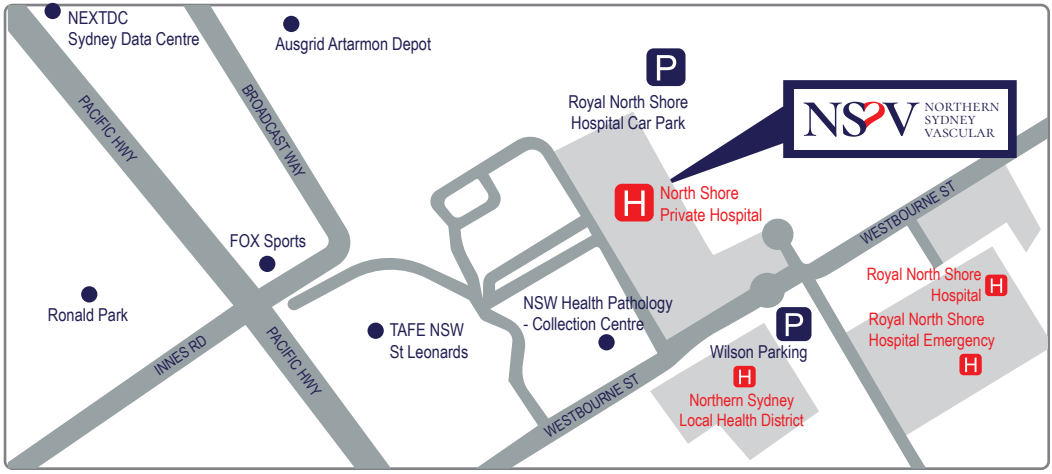
Referring Doctor:

Provider No: Phone:

Practice Address: Signature: Date:

Appointment Date: _____ Time: _____

- Some scans (such as abdominal scans) require a period of fasting prior to the scan.
- Please check with our staff for the duration of fasting required and notify us if you are diabetic.
- Other scans do not require any specific preparation.
- Missed appointments are costly and inconvenient for other patients who may be waiting for appointment slots.
- Allow extra time for parking.



NORTH SHORE PRIVATE HOSPITAL

Suite 5 Level 5, Westbourne Street, St Leonards NSW 2065