

## ULTRASOUND REQUEST AND CONSULTATION REFERRAL



Dr Iain Duncan

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Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

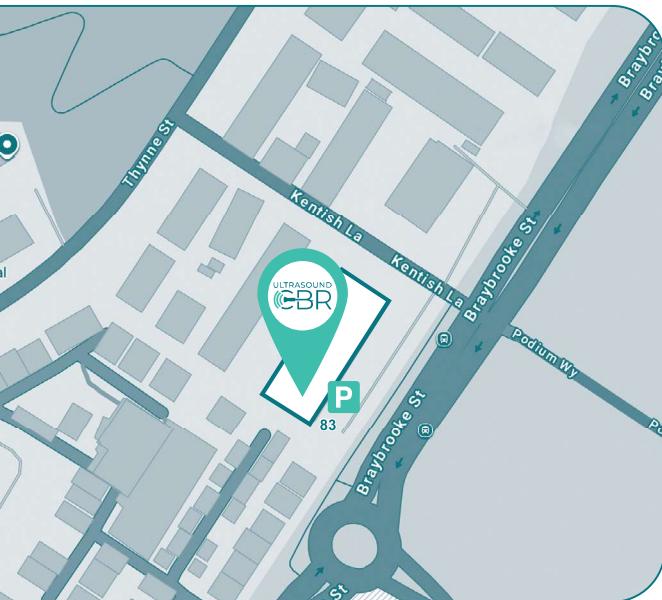
Address \_\_\_\_\_ Phone \_\_\_\_\_

Medicare \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abdomen            | <input type="checkbox"/> Pelvis               | <input type="checkbox"/> Renal/Urinary Tract |
| <input type="checkbox"/> Neck/Thyroid       | <input type="checkbox"/> Carotid              | <input type="checkbox"/> Scrotum/Testes      |
| <input type="checkbox"/> Abdomen/Chest Wall | <input type="checkbox"/> Liver + Elastography | <input type="checkbox"/> FNA / Biopsy        |
| <input type="checkbox"/> Lump/Bump/Mass     | <input type="checkbox"/> Breast               | <input type="checkbox"/> Other: _____        |
- Aorta & Iliac Arteries       IVC & Iliac Veins       Renal Arteries / Mesenteric Arteries
- DVT Study:  Arm  Leg      Varicose Veins:  Left  Right +/- Pelvic Veins
- Arterial Duplex:  Arm  Leg      AV Fistula:  Mapping  Post-Op/Surveillance
- Obstetric:  <12 Weeks  12-16 Weeks  17-22 Weeks  >22 Weeks  Nuchal Combined Risk
- Paediatric:  Abdomen  Hips  Spine  Head
- Consultation for injection therapy as assessed: PRP, Hyaluronic Acid, Corticosteroid, Others
- Musculoskeletal Ultrasound (specify body part): \_\_\_\_\_ +/- Injection

Clinical Notes & Consultation Details:  
(Attach a copy of your patient clinical summary)

Referrer Details:



**83/15 Braybrooke St,  
Bruce ACT 2617**

**Dedicated patient  
parking available at the  
front of the building.**

**Additional parking  
available along  
Braybrooke St.**

**NOTES:**

