



REQUEST FOR VENOUS ASSESSMENT / TREATMENT & Associated Doppler Ultrasound Scans

Dr. Ryan McConnell
BMBS, FRANZCR, CCINR
Clinic Director

Patient Name: _____ Date of Birth: _____ Medicare #: _____
Address: _____
Home Phone: _____ Mobile Phone: _____

Investigate/Treat/Manage

Chronic Venous Insufficiency

Ticking the above box indicates referral for all potentially required components of care including:

- Bilateral Doppler Study for Chronic Venous Insufficiency as part of initial assessment, follow-up assessment or pre-treatment planning.
- Specialist consultation to discuss scan results and management options
- Ultrasound guided pre-surgical marking of veins if required

Presenting Complaint

Tick the below boxes which apply:

Varicose Veins Pain Ache Itch Venous Eczema Other
 Spider Veins Venous Ulcer Restless Legs

Referring Doctor's Detail

Doctor's Name: _____ Provider #: _____
Practice Name: _____
Address: _____
Phone #: _____ Fax #: _____

Referring Doctor's Signature

Date

Please note:

Ultrasound imaging is a crucial component to all that we do at Vein Doctors Sydney.

In order for patients to obtain maximal Medicare benefits for their attendances, individual ultrasound imaging request forms are required for diagnostic scans, ultrasound-guided treatments and ultrasound follow-up

PLEASE BRING THIS REQUEST FORM TO YOUR APPOINTMENT

Vein Doctors Sydney
Suite 503, 39 East Esplanade, Manly 2095
Phone: 02 9023 9970 | Fax: 02 9023 9973
info@veindoctorssydney.com