VASCULAR ULTRASOUND
PARTNERS

Telephone 08) 8431 8993

VUP office

Appointment Date

Day

Time

Next Clinic Appt

REQUEST FORM

Patient

Name

Address

Date of birth

Telephone (home)

Telephone (work)

Medicare No.

Examination requested

Clinical details

Referring Doctor details

Copies of results to

Doctor signature

Date

Important Patient Information

Please bring this Request Form, your Medicare card and any relevant previous Imaging or Reports

Office use only:
please affix patient VUP label.

Next surveillance:
SONOGRAPHER USE ONLY

- ❒ 6 weeks
- ❒ 3 months
- ❒ 6 months
- ❒ 12 months

Medicare: **Ref no.** **Valid** /

Description of service	CMB Item number

I assign my rights for benefits to the medical practitioner who has rendered these services.

Patient signature Date / /

Your Doctor has recommended that you use Vascular Ultrasound Partners, you may choose another provider but please discuss this with your Doctor.

Please tick location of appointment:

- ❒ **Head office:** Beulah Park
  265 The Parade
  Beulah Park, SA 5067
- ❒ **Adelaide Paediatrics**
  Sir Mark Oliphant Building
  5 Laffer Drive, Bedford Park
- ❒ **Advanced Vascular Care**
  647 South Road, Black Forest
- ❒ **Gawler Clinic**
  1 Murray Street, Gawler
- ❒ **Salisbury Clinic**
  40-42 Commercial Road, Salisbury
- ❒ **Port Pirie Regional Health Service**
  Corner: The Terrace &
  Alexander Street, Port Pirie
- ❒ **Victor Harbor Specialist Suites**
  Old Court House
  20 Torrens Street, Victor Harbor
- ❒ **Wallaroo Hospital Specialist Suites**
  1 Ernest Terrace, Wallaroo
- ❒ **Waverley House Vascular Clinic**
  360 South Terrace, Adelaide

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