



Appointment Date \_\_\_\_\_  
 Day \_\_\_\_\_  
 Time \_\_\_\_\_  
 Next Clinic Appt \_\_\_\_\_

Patient

Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone (home) \_\_\_\_\_  
 Telephone (mobile) \_\_\_\_\_  
 Medicare No. \_\_\_\_\_

Examination requested

- Aortoiliac Arterial
- Leg Arterial
- Leg Veins
- Carotid Arterial
- Other .....
- Pelvic Veins
- ABI Resting or Toe Pressure
- Exercise ABI
- Right     Left

Clinical - Please give indications to support each examination requested

Referring Doctor details (name, location and provider number please)

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.

Medicare:	Ref no.	Valid	/
Description of service	CMB Item number		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Patient signature or verbal confirmation \_\_\_\_\_ Date / /

- Head Office**  
429 Magill Rd St Morris SA 5068
- 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
- Walleroo Hospital Specialist Suites**  
1 Ernest Terrace, Wallaroo
- Waverley House Vascular Clinic**

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

For more information regarding your examination or Vascular Ultrasound Partners visit, [www.vup.net.au](http://www.vup.net.au)

Telephone 08) 8431 8993  
Facsimile 08) 8451 1548  
Email [admin@vup.net.au](mailto:admin@vup.net.au)  
[www.vup.net.au](http://www.vup.net.au)