



Appointment Date

Day

Time

Next Clinic Appt

Patient

Name

Date of birth

Address

Telephone (home)

Telephone (mobile)

Medicare No.

Examination requested

Clinical - Please give indications to support each examination requested

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

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

Copies of results to

Doctor signature

Date

Important Patient Information

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

Office use only: please affix patient VUP label.

Please tick location of appointment:

- Head Office  
429 Magill Rd, St Morris
- Adelaide Paediatrics  
Sir Mark Oliphant Building  
5 Laffer Drive, Bedford Park
- Advanced Vascular Care  
647 South Road, Black Forest
- Gawler Clinic  
Advara HeartCare  
1 Murray Street, Gawler
- Salisbury Clinic  
40-42 Commercial Road, Salisbury
- Port Pirie Regional Health Service  
Corner: The Terrace &  
Alexander Street, Port Pirie
- Middleton Clinic  
Heart & Vascular  
27 Goolwa Rd, Middleton
- Wallaroo Hospital Specialist Suites  
1 Ernest Terrace, Wallaroo
- Waverley Vascular Group  
Level 3, 337 South Terrace, Adelaide

Medicare:	Ref no.	Valid	/
Description of service: CMB Item number:			
3-point ID check: Administration	<input type="text"/>	<input type="text"/>	<input type="text"/>
3-point ID check: Sonographer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Consent: Sonographer	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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

Patient signature or verbal confirmation

Date / /

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)