



Dr Luke Matar

MBBS, FRANZCR, FACP
Radiologist & Phlebologist
Medical Director

**REQUEST FOR VENOUS ASSESSMENT / TREATMENT
& Associated Doppler Ultrasound Scans**

Patient Name:

Date of Birth:

Address:

Home Phone:

Mobile Phone:

Medicare No:

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

Spider Veins

Pain/Ache

Other:

Venous Ulcer

Itch/ Venous Eczema

Restless Legs

Referring Doctors Details

Doctor's Name:

Practice Name & Address:

Provider Number:

Healthlink EDI:

Phone:

Fax:

Referring Doctor's Signature:

Date:

Please note:

Ultrasound imaging is a crucial component to all that we do at *The Vein Clinic*.

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

For all appointments please call (08) 9200 3450

Unit 6/28 Subiaco Square Road
Subiaco Western Australia 6008

Phone (08) 9200 3450
Fax (08) 9200 3451

admin@veinclinicperth.com.au
www.veinclinicperth.com.au