



Royal Victoria
Regional Health Centre

Vascular Ultrasound Requisition
201 Georgian Drive
Barrie, ON L4M 6M2
Tel. (705) 739-5610 Fax (705) 739-5649

Patient Name: (print first, last)	
Address:	
Health Card Number:	Version Code:
Other Insurance:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home: ()	Work/Other: ()

RELEVANT CLINICAL INFORMATION:
(must be provided and please be specific)

Appointment Date: MM / DD / YYYY
Appointment Time:
Arrival Time:
Hospital Record #:
Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: MM / DD / YYYY
Patient weight: kg

PLEASE CHECK (✓) PROCEDURE REQUESTED:

ROUTINE EXAM

- Abdominal Ultrasound (includes Aorta and Iliac Artery Doppler)
- Lower Extremity Arterial Doppler
- ABI/TBI
- Upper Extremity Arterial Doppler
- Carotid Doppler

SPECIALTY EXAM

- Follow-up EVAR / pEVAR
- Mesenteric Doppler
- Renal Artery Doppler
- AV Fistula
- Lower Extremity Venous Insufficiency
- Lower Extremity Venous Mapping

Referring Physician:
(print first, last)

Signature:

Address:

PATIENT PREPARATIONS AND INSTRUCTIONS BELOW

PLEASE ADVISE YOUR PATIENT OF THE FOLLOWING INFORMATION:

- Aorta Screening and Arterial Leg studies require 4-hours NPO. Do not smoke 1-hour prior to your test. Do not chew gum.
- Please arrive 15-minutes prior to your appointment.

