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Patient Details:

Ultrasound Required:

- ☐ 1. Carotid
- ☐ 2. Aorto-iliac/EVAR/Grafts
- ☐ 3. Visceral/Renal
- ☐ 4. Lower Limb Arterial/Grafts: ☐ **Right** ☐ **Left**
- ☐ 5. Upper Limb Arterial: ☐ **Right** ☐ **Left**
- ☐ 6. IVC/Iliac Veins
- ☐ 7. DVT: ☐ **Right** ☐ **Left**
- ☐ 8. Chronic Venous/Varicose Veins: ☐ **Right** ☐ **Left**
- ☐ 9. Upper Limb Venous: ☐ **Right** ☐ **Left** ☐ **Both Arms**
- ☐ 10. Vein Mapping/Marking: ☐ **Right** ☐ **Left** ☐ **Both** ☐ **Arms** ☐ **Legs**
- ☐ 11. AVF: ☐ **Right** ☐ **Left**
- ☐ 12. Other **(please specify)**

Clinical Details:

Referring Doctor:

Doctor's Name: Dr Nathaniel Chiang

Doctor's Signature:

Provider No.: 615038BY

Date: 18 / 10 / 2026

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