

Dr Ivor Berman MBChB FRANZCR FACP  
258 Springvale Road, Glen Waverley Vic. 3150  
Phone: 03 9561 5155 Fax: 03 9802 1313



## Musculoskeletal Ultrasound Referral Form

### Patient Details/Label

Name: ..... DOB: ..../..../..

Address: .....

..... Postcode: .....

Phone: (H) ..... (W) ..... (M) .....

### Clinical Notes:

### Please circle the region of interest to be examined:

Shoulder    Elbow    Wrist/Hand    Hip    Knee    Ankle/Foot

Other: .....

### Please tick the relevant box:

Doppler:     Arterial     Venous

### Please tick the relevant box/boxes:

Diagnosis     Treatment

### Referrer Details:

Dr: .....

Provider No. ....

Address: .....

Signature: ..... Date: ..../..../..

### Appointment:

Phone: 03 .....

Date: ..../..../..

Time: ..... am / pm

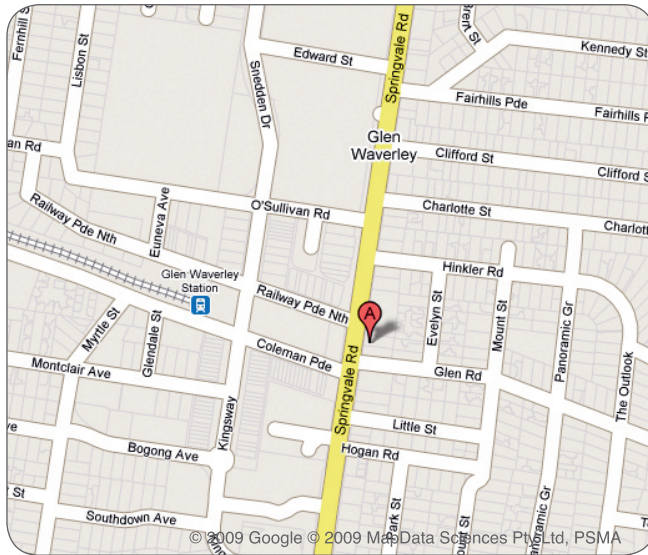
Results:     Routine     Telephone     Fax

More referral pads please     Copy to .....

### Getting to Independent Sports Imaging

Complimentary parking is provided for all Independent Sports Imaging patients.

Should you not be familiar with the Glen Waverley area, please allow extra travelling time so that the full allocated time is available for your appointment.



Address:  
258 Springvale Rd  
Glen Waverley 3150  
  
Melways Ref: 71 C2

### Preparation

For appropriate Medicare rebates on specialist services provided by Independent Sports Imaging, a valid *referral form* signed by a medical practitioner is necessary.

Please wear comfortable, loose fitted clothing. You may be required to remove your outer clothing so please wear modest underwear or alternatively bring a pair of shorts with you.

### Independent Sports Imaging

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LSPN # 004644 ABN 44722053759

Glen Waverley Specialist Vein Care Pty. Ltd.