



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:

ULTRASOUND SCAN REQUESTS EXPLAINED

Dear Dr

We are a specialist clinic dedicated to state-of-the-art diagnosis and treatment of venous insufficiency and associated varicose veins.

To maintain standards and ensure optimal treatment planning, we insist on performing our own "in-house" ultrasound scans.

As a radiologist, Medicare unfortunately does not allow me to self-refer ultrasound scans. Unfairly this restriction does not apply to Vascular Surgeons who may self-refer their own ultrasound scans.

GPs are often confused by this and sometimes question the need for the multiple ultrasound scan requests.

Everything we do however involves ultrasound and patients may end up having multiple treatments and follow ups, **each requiring an individual scan request to meet Medicare requirements.**

If patients do not have signed forms for these individual ultrasound attendances, they may end up significantly out of pocket as Medicare will not pay without a valid request form signed by a medical practitioner other than myself.

To facilitate this, we have provided your patient with some proforma forms for you to sign.

We also have an electronic request that can be uploaded into your practice software to streamline this process in future – please ask your practice manager to email admin@veinclinicperth.com.au to obtain this.

Should you require any further clarification please feel free to contact my reception on 9200 3450.

Yours Sincerely



Dr. Luke Matar
MBBS FRANZCR FACP

The Vein Clinic – Medical Director
Radiologist/Phlebologist
Provider No. 472088JF

**PLEASE BRING THIS SIGNED 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

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