

Ultrasound Request Form - Patients on the DVT Pathway

Date: _____

Signature: _____

D Dimer Result: _____

Wells Score: _____

Name _____
Address _____
Cell _____ Home _____
NHI _____ DOB _____ Gender _____
GP/NP Name _____
Practice Name _____ Phone _____
Registered POAC Provider <input type="checkbox"/> Yes <input type="checkbox"/> No
Nominated After Hours Doctor _____

Ultrasound Request

Arrange urgent ultrasound as guided below; please ensure the patient takes a copy of this form to the radiology provider.

Clinical Details:

Ultrasound Report

- **If ultrasound is negative – DVT unlikely:**
 - GP review within 7 days
- **If ultrasound is positive – DVT confirmed:**
 1. Inform GP or nominated After Hours Doctor of positive result to enable patient to be commenced on anticoagulation therapy
 2. Send a copy of the report to Clinical Haematology; fax number: (06) 350 8551 for the purposes of scheduling the six week follow-up (up until this time, the patient is managed by the General Practice Team).

It is important that the patient receives anticoagulation therapy so please ensure that a doctor or practice nurse is aware of the result.

Radiology Providers

Residents	Radiology Provider	Contact Details
Palmerston North Manawatu Taranaki	Broadway Radiology 175 Grey Street, Palmerston North http://broadwayradiology.co.nz/	Phone (06) 357 9079 Fax (06) 357 9094
	Manawatu Ultrasound – The Palms 445 Ferguson Street, Palmerston North	Phone (06) 354 9800 Fax (06) 357 9076
Horowhenua	Broadway Radiology http://broadwayradiology.co.nz/	Phone (06) 357 9079 Fax (06) 357 9094
Taranaki	Taranaki Health Group Radiology	Phone (06) 374 5691 Fax (06) 374 5694