abc

# VASCULAR UNIT (Ext 4010 or 4210)

# email: [shc-tr.salisbury-rapidreferralcentre@nhs.net](mailto:shc-tr.salisbury-rapidreferralcentre@nhs.net)

# **INVESTIGATION REQUEST**

Patient Details

(Place label here)

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested by:**  **Designated Professional**  (Name & title) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact no/bleep** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Referral from:**  **Consultant name**   |  | | --- | | **Reasons for Referral/Clinical details** *(continue overleaf if necessary)* | | * *?AAA* * *Box 2* * *Box 3* * *Box 4* * *Other*   *Signature ……………………………………* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Request Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*For office use only (book appointment in the following clinic):-*

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| --- | --- |
| * Tick box 1 | * Tick box 2 |