



Referral Form

Vascular Tests Required

Carotid and Vertebral Duplex

Peripheral Arterial Study

- a. ___ Arterial Pressures inc. PPG
- b. ___ Aortoiliac (FASTING)
- c. ___ Lower Limb Rt ___ Lt ___
- d. ___ Upper Limb Rt ___ Lt ___

Venous Duplex

- a. ___ Suspected DVT Rt ___ Lt ___
- b. ___ Venous Insufficiency Rt ___ Lt ___
- c. ___ Venous Mapping Rt ___ Lt ___

Abdominal Duplex

- a. ___ Renal (FASTING)
- b. ___ Mesenteric (FASTING)
- c. ___ Aneurysm (FASTING)
- d. ___ IVC and Iliac Venous (FASTING)
- e. ___ Gonadal Veins (FASTING)

AV Fistula

Mapping Progress

Thoracic Outlet

Specialist Consultation Yes No

Patient Details

Name: _____ Telephone: _____

Address: _____

Clinical Notes

Referring Doctor: _____

Address: _____

Phone: _____ Provider No: _____

Date: _____ Signature: _____

(Please turn over for locations)




Patients, please note:


- If having a test for varicose veins do not wear compression stockings for 24 hours.
- Do not apply skin moisturisers on the day of the examination.
- Fast from midnight for abdominal scans. You can however have unlimited water and take all medications with water.
- The sonographer may not discuss the results of the test with you.

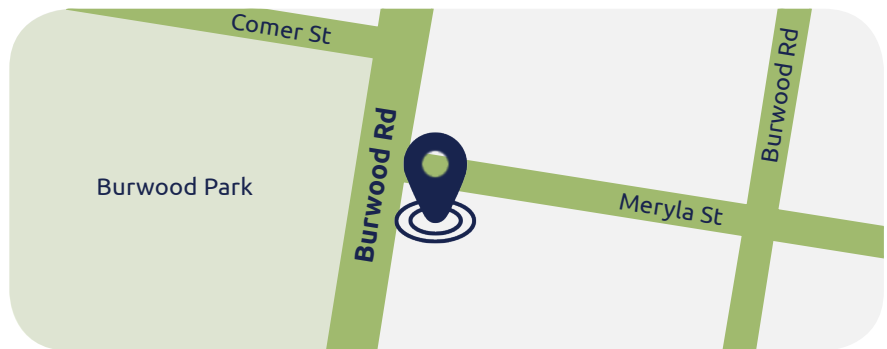
Locations

 (02) 9793 9175


Burwood

 74 Burwood Rd
Burwood NSW 2134

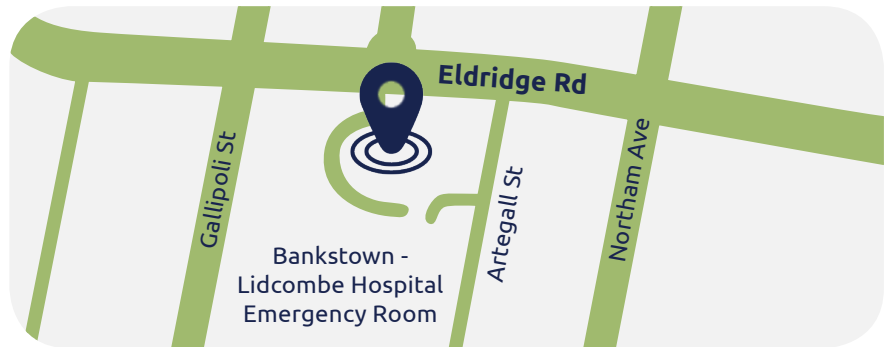
 (02) 9744 7603




Bankstown

 Suite 110, 68 Eldridge Rd
Bankstown NSW 2200

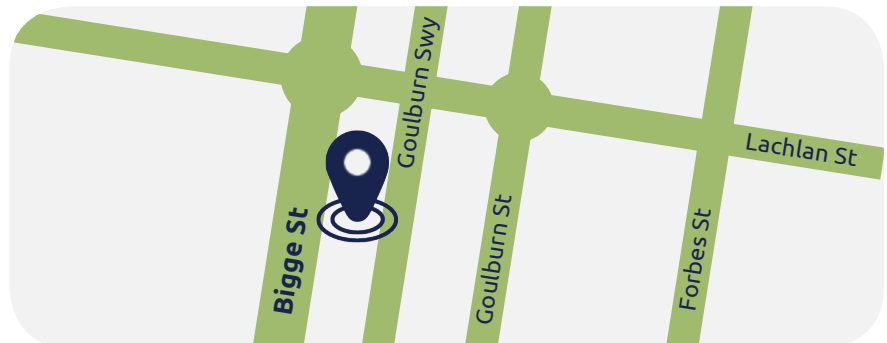
 (02) 9709 6275



Liverpool

 Suite 3.04, 24 Bigge St
Liverpool NSW 2170

 (02) 9601 6730



Appointment

Location: _____ Date: _____ Time: _____