Eastern Suburbs Vascular Imaging

Dr Andrew Lennox • A/Prof Ramon Varcoe • Dr Shannon Thomas

Level 2 Outpatients A, Barker Street Randwick NSW 2031 | Phone: 9382 2113 | Fax: 9382 2116 | www.easternsuburbsvascularimaging.com

Patient's Name..... Referral Date.....

D.O.B..... MRN..... Ward.....

Address.....

TEST REQUIRED *(please tick)*

Arterial Study (Peripheral)

Lower Limb Arterial Evaluation

	R	L	
1	☐	☐	Femoro-Popliteal Duplex
2	☐	☐	Calf Artery Duplex
3		☐	Ankle Brachial Index
4		☐	Exercise Test
5	☐	☐	Bypass Graft Duplex
6	☐	☐	False Aneurysm Exclusion Duplex
7	☐	☐	Focused Arterial Duplex.....

20 ☐ Carotid/Vertebral Duplex

21 ☐ Upper Limb Arterial Duplex ☐ Right ☐ Left

23 ☐ Renal Transplant Duplex

24 ☐ Haemodialysis Fistula Duplex

25 ☐ Access Site for Fistula Duplex ☐ Arms ☐ Legs

Arterial Study (Abdominal) - requiring overnight fast

8 ☐ Aorto-iliac Duplex *

9 ☐ Mesenteric Artery Duplex *

10 ☐ Renal Artery Duplex *

11 ☐ Abdominal Aortic Aneurysm Duplex *

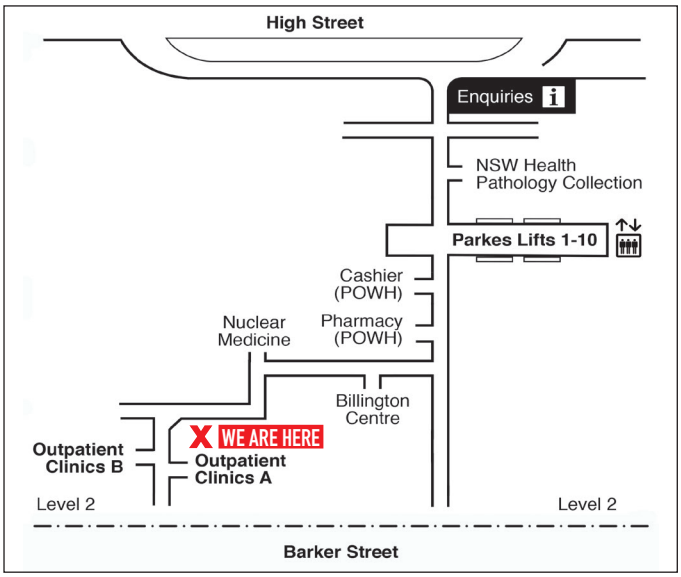
12 ☐ Endoluminal Graft Duplex *

*** PREPARATION - ABDOMINAL STUDIES:**

- Fast from midnight
- Medication can be taken with a sip of water
- No chewing gum
- No cigarettes
- Avoid carbonated drinks
- Avoid high fibre diet

Venous Study

	R	L	
13	☐	☐	Lower Limb DVT Exclusion Duplex
14	☐	☐	Upper Limb DVT Exclusion Duplex
15	☐	☐	Venous Incompetence (Varicose Vein) Duplex
16	☐	☐	Vein Mapping Duplex (Pre-arterial Grafting)
17	☐	☐	IVC and Iliac Vein Duplex *
18	☐	☐	Ovarian Vein Duplex *
19	☐	☐	Focused Venous Duplex.....



Clinical Notes.....

.....

.....

.....

Referring Doctor's Signature..... Pager.....

Name..... Provider Number.....

Address.....

Phone & Fax for reports.....

☐ **PLEASE SEND MORE REFERRAL PADS**