



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 location)



Dr Anthony Freeman

Vascular, Endovascular and Venous Surgeon
Expert Vascular Care

SPECIALIST
**VASCULAR
ULTRASOUND**
SPECIALISED DIAGNOSTIC IMAGING

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.

Contacts



(07) 4254 5006



(07) 4254 5008

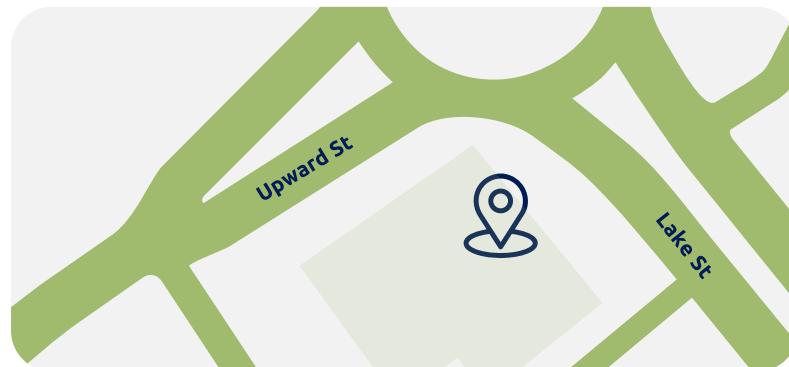


info@svu.com.au

Location



Suite 9, Level 1
193 Lake Street
Cairns QLD 4870



Appointment

Date: _____

Time: _____