



QUEENSLAND VASCULAR DIAGNOSTICS PTY LTD

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PADDINGTON

SPOT 161,
161 Given Tce

CLEVELAND

Suite 22, Cleveland House
Cnr Queen & Bloomfield Sts

UPPER MT GRAVATT

Level 3, Mt Gravatt-Capalaba
Road

PATIENT DETAILS

Name:

DOB:

Address:

STUDY REQUIRED

Arterial Duplex Scanning

- 1 CAROTID
- 2 ** AAA/EVAR F/UP SURVEILLANCE
- 3 **AORTOILIAC
- 4 LOWER EXTREMITY
- 5 GRAFT SURVEILLANCE
- 6 **RENAL
- 7 ** MESENTERIC
- 8 UPPER LIMB
- 9 AV FISTULA
- 10 RESTING DOPPLER PRESSURES AND WAVEFORMS
- 11 CLAUDICATION EXERCISE TEST

Venous Duplex Scanning

12. INSUFFICIENCY VARICOSE VEINS
13. VENOUS THROMBOSIS
14. **OVARIAN PELVIC
15. PERFORATOR MARKING
16. VEIN CONDUIT MAPPING
17. UPPER LIMBS
18. THORACIC OUTLET SYNDROME
19. POP. ENTRAPMENT
20. OTHER STUDY

CLINICAL DETAILS

REFERRING DOCTOR DETAILS

Name:

Provider No:

Address:

Signature:

Please Fax / Email / Mail results

Date:

P:

F:

E:

→ FOR FURTHER INFORMATION AND EXAMPLES OF WORKSHEETS PROVIDED GO TO www.qvd.com.au

≈ This referral carries no obligation and you may attend an imaging provider of your choice.

**** Denotes Fasting Study**