



# QUEENSLAND VASCULAR DIAGNOSTICS PTY LTD

ABN: 65 064 438 419

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## PHONE (all sites)

**07 3350-6980**

### CHERMSIDE

Level 3, Orange Lift,  
SVPH Northside

### CLEVELAND

Suite 22, Cleveland House  
Cnr Queen & Bloomfield Sts

### NORTH LAKES

Serviced Offices  
Cnr Discovery Drive &  
Memorial Drive

### PADDINGTON

Sante Medical  
161 Given Terrace

### UPPER MT GRAVATT

CMINS rooms, Level 3  
12 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:**

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

**\*\* Denotes Fasting Study**