



QUEENSLAND VASCULAR DIAGNOSTICS PTY LTD

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Email: qvd@qvd.com.au

Locations:

CHERMSIDE

Suite 6, Level 3, Orange Lift
St Vincent's Private Hospital

NORTH LAKES

Room 4, Serviced Offices
Cnr Memorial & Discovery Dve

TARINGA

Suite 2, Taringa Central
165 Moggill Road

UPPER MT GRAVATT

CMINS rooms, Level 3
12 Mt Gravatt Capalaba Road

CLEVELAND

Suite 22, Cleveland House
Cnr 120 Bloomfield Street
& Queen Street

Appointments All Sites
Phone: 3350-6980

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

** Denotes Fasting Study

CLINICAL DETAILS

REFERRING DOCTOR DETAILS

Name:

Address:

Provider No:

Signature:

Please Fax / Email / Mail results

Date:

Fax No:

Email Address:

→ 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.