



QUEENSLAND VASCULAR DIAGNOSTICS PTY LTD

ABN: 65 064 438 419
www.qvd.com.au

Locations:

CHERMSIDE
Ph: 3350-6980

*Suite 19, Level 2,
HSH Northside M/C
chermside@qvd.com.au*

SOUTH BRISBANE
Ph: 3255-0488

*Suite 41, Level 7,
Mater Medical Centre
mater@qvd.com.au*

CLEVELAND
Ph: 3350-6980 (Appts)

*Suite 22, Cleveland House
Cnr Queen & Bloomfield Sts*

PATIENT DETAILS

Name:

DOB:

Address:

STUDY REQUIRED

Arterial Duplex Scanning

- ◇ CAROTID
- ◇ ** AAA/EVAR F/UP SURVEILLANCE
- ◇ ** AORTOILIAC
- ◇ LOWER EXTREMITY
- ◇ GRAFT SURVEILLANCE
- ◇ ** RENAL
- ◇ ** MESENTERIC
- ◇ UPPER LIMB
- ◇ AV FISTULA

Venous Duplex Scanning

- ◇ INSUFFICIENCY VARICOSE VEINS
- ◇ VENOUS THROMBOSIS
- ◇ ** OVARIAN PELVIC
- ◇ PERFORATOR MARKING
- ◇ VEIN CONDUIT MAPPING
- ◇ UPPER LIMBS
- ◇ THORACIC OUTLET SYNDROME
- ◇ RESTING DOPPLER PRESSURES AND WAVEFORMS
- ◇ CLAUDICATION EXERCISE TEST

** 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 WORKSHEET EXAMPLES OF STUDIES PROVIDED GO TO www.qvd.com.au