



Spectrum Bookings
Scan here using mobile phone to book an appointment.
Ph 02 9197 8100



Vascular Imaging Referral Form

Patient details

Vascular Examination Required

<p>1. Carotid Duplex <input type="checkbox"/></p> <p>2. Peripheral Arterial Study</p> <p>a. ABI resting & toe pressure <input type="checkbox"/></p> <p>b. ABI & exercise <input type="checkbox"/></p> <p>c. Aorto-iliac Duplex <input type="checkbox"/></p> <p>d. Leg Arterial Duplex <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p> <p>e. Subclavian Brachial Duplex <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p> <p>3. Venous Duplex</p> <p>a. DVT study <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p> <p>b. Venous Insufficiency <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p> <p>c. Venous Mapping <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p>	<p>4. Abdominal Duplex (FASTING)</p> <p>a. Renal <input type="checkbox"/></p> <p>b. Mesenteric <input type="checkbox"/></p> <p>c. Aneurysm <input type="checkbox"/></p> <p>d. IVC and Iliac Venous <input type="checkbox"/></p> <p>e. Ovarian Veins <input type="checkbox"/></p> <p>5. Photoplethysmography</p> <p>a. Thoracic Outlet <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p> <p>b. Penile Arterial <input type="checkbox"/></p> <p>6. AV Fistula</p> <p>a. Mapping <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p> <p>b. Progress <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/></p>
--	--

Clinical notes

Referring Doctor These sections MUST be completed	
Name:	Provider No:
Address:	Speciality:
	Phone:
	Fax:
Signature:	Date:

↓ more referrals needed

* Please see overleaf for maps and addresses of all our sites

- **Preparing for your Ultrasound**

- Some of the tests that we perform require you to fast so that we can obtain clear pictures of vessels and other structures within your abdomen. On the front of this form your doctor would have ticked or circled a particular test. If 4-a, b, c, d or e have been selected, then you need to abstain from eating, drinking, chewing or smoking from 12 midnight the night before your appointment. The only exception is if you have insulin dependent diabetes in which case you may eat some non-acidic fruit on the morning of your test. Also, if you need to take essential medication in the morning, please do so with a small sip of water.
- You may have to change into a patient gown for your Ultrasound. Loose fitting clothes and little or no jewellery would be appropriate for you to wear on the day.

- **Your Appointment**

- All of our tests are run by appointed time slots. We aim to ensure you are taken in as close to your appointment time as possible.
- If you are running late or are unable to come for your appointment, please contact us so we can reschedule your appointment **9197 8100**.

- **Is Ultrasound Safe?**

- An ultrasound machine is used for the requested test. Ultrasound is a safe imaging procedure. There is no radiation used in Ultrasound.

Please note: the results of your test will not be discussed with you by the vascular technologist

Sydney South West Private Hospital

Level 1, Suite 1-5, 24-40 Bigge Street, Liverpool NSW 2170

Ph 02 9197 8100

Fax 02 9197 8169

Opening Hours

Mon-Fri 8:00am - 5:30pm

