

1300 DVT 000 (1300 388 000)

Fax: 07 5572 2283

REFERRAL FOR DIAGNOSTIC MEDICAL ULTRASOUND

DOCTOR'S SIGNATURE:

PATIENT DETAILS: Please advise if patient does not want results recorded in My Health records.
EXAMINATION REQUESTED: Please refer to list of services on the back.
CLINICAL DETAILS: Please specify area of concern, right, left or bilateral. Include relevant clinical indications please.
REFERRED BY: Please include referral date, provider number and contact details.



Dedicated Vascular Specialist Ultrasound

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⊠ sonographers@ausultrasound.com.au

www.ausultrasound.com.au

NON-INVASIVE VASCULAR DIAGNOSTIC IMAGING AVAILABLE:

- » Carotid and Vertebral Duplex
- » AAA
- » EVAR Surveillance
- » Aortoiliac Arterial Duplex
- » Renal Duplex
- » Mesenteric Arterial Doppler
- » IVC-iliac Venous Duplex

- » Ovarian Venous Duplex / Left Renal Vein Compression
- » Lower Extremity Arteries
- » Graft Surveillance
- » Popliteal Entrapment Study
- » Upper Limb Arterial Dopler
- » Thoracic Outlet Study

- » Chronic Venus Insufficiency Mapping
- » DVT
- » Pre-surgical Marking
- » Conduit Mapping
- » Upper Limb Veins
- » Dialysis Fistula Duplex
- » Renal Transplant Workup

LOCATIONS:

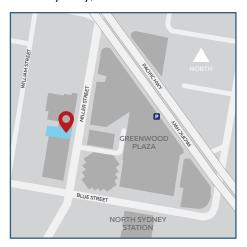
GOLD COAST

Miami Private Hospital & Specialist Centre 24 Hillcrest Parade, Miami QLD 4220



SYDNEY

Level 7, 44 Miller Street North Sydney, NSW 2060



BRISBANE

Suite 14, Level 1, First Parking Building 250 Ipswich Road, Woolloongabba QLD 4102

