

REFERRAL FOR
DIAGNOSTIC MEDICAL ULTRASOUND



☎ 1300 DVT 000
(1300 388 000)
Fax: 07 5572 2283

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.

DOCTOR'S SIGNATURE:



Dedicated Vascular Specialist Ultrasound

☎ 1300 DVT 000 (1300 388 000)

Fax: 07 5572 2283

✉ info@ausultrasound.com.au

🌐 www.ausultrasound.com.au

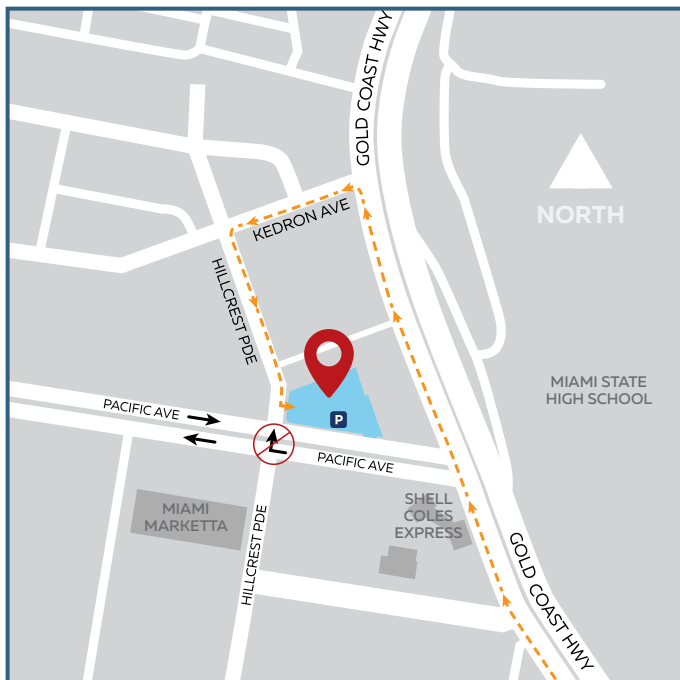
NON-INVASIVE VASCULAR DIAGNOSTIC IMAGING AVAILABLE:

- » Carotid arterial duplex
- » Thoracic outlet dynamic duplex (art + vein)
- » Mesenteric arterial duplex (MALS, SMA syndrome)
- » Pelvic veins for reflux / compression (Nutmacker, May Thurners, Pelvic congestion)
- » Popliteal compression study
- » Lower limb arterial duplex
- » Upper limb arterial duplex
- » Graft surveillance
- » Chronic venous insufficiency mapping (Varicose veins)
- » Upper limb veins DVT
- » Lower limb veins DVT
- » Pre-surgical skin marking
- » Abdominal aortic aneurysm (AAA)
- » Renal artery duplex

LOCATIONS:

📍 GOLD COAST

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



📍 BRISBANE

Suite 8, Level 1
201 Wickham Terrace, Spring Hill QLD 4000

