

Patient Details

Patient Name	<input type="text"/>		
Address	<input type="text"/>	Suburb	<input type="text"/>
		Postcode	<input type="text"/>
Date of Birth	<input type="text"/>	Phone Number	<input type="text"/>
Medicare #	<input type="text"/>		

Clinical Details

Medical History / Medications:	<input type="text"/>
Specific Clinical Query?	<input type="text"/>

Please indicate if this appointment is urgent

Ultrasound Tests Required (All testing is bulk billed)

CAROTID-VERTEBRAL ARTERIAL DUPLEX	<input type="checkbox"/>	
PERIPHERAL ARTERIAL DISEASE – lower limb (Claudication, Ulcer, Rest Pain)	Right <input type="checkbox"/>	Left <input type="checkbox"/>
Leg Arteries	Right <input type="checkbox"/>	Left <input type="checkbox"/>
AORTA AND ILLIAC arteries	<input type="checkbox"/>	
Arm Arteries	Right <input type="checkbox"/>	Left <input type="checkbox"/>
ANKLE-BRANCHIAL INDEX (ABI)	Resting <input type="checkbox"/>	Exercise <input type="checkbox"/>
DVT STUDY – lower limb		
Femoro-tibial and Superficial veins	Right <input type="checkbox"/>	Left <input type="checkbox"/>
IVC and iliac veins	Right <input type="checkbox"/>	Left <input type="checkbox"/>
DVT STUDY – upper limb (brachial, subclavian, innominate)	Right <input type="checkbox"/>	Left <input type="checkbox"/>
VENOUS INSUFFICIENCY STUDY:		
Femoral, Popliteal, tibial and Superficial veins	Right <input type="checkbox"/>	Left <input type="checkbox"/>
IVC and Iliac veins	Right <input type="checkbox"/>	Left <input type="checkbox"/>
ABDOMINAL VENOUS (for venous diseases including DVT)		
IVC and iliac veins	Right <input type="checkbox"/>	Left <input type="checkbox"/>
Ovarian, renal, iliac veins	Right <input type="checkbox"/>	Left <input type="checkbox"/>
COMMON FEMORAL VEIN ONLY	Resting <input type="checkbox"/>	Exercise <input type="checkbox"/>
RENAL ARTERIAL DUPLEX (Hypertension, arteritis)	<input type="checkbox"/>	
VISCERAL ARTERIAL DUPLEX (Abdominal Angina, aneurysm)	<input type="checkbox"/>	
OTHER (Please specify)	<input type="text"/>	

Consultation

Clinical Prof. Patrik Tosenovsky
Vascular Surgeon

Please indicate if you would like a consultation to review patient for test results

Referring Doctor

Name	<input type="text"/>	Provider #	<input type="text"/>
Practice Name	<input type="text"/>	Date	<input type="text"/>
Health Link EDI	<input type="text"/>	Contact Number	<input type="text"/>

Send a copy of the report to

Locations

Joondalup
Sanori House
Suite 8 126 Grand Boulevard
JOONDALUP WA 6027

Nedlands
Hollywood Medical Centre
Suite 46 85 Monash Avenue
NEDLANDS WA 6009
(Entrance Gate 5)

Murdoch
Wexford Medical Centre
Suite 55 3 Barry Marshall Parade
MURDOCH WA 6150
(Level 3)

Midland
SJOG Midland Specialist Centre
1 Clayton Road
MIDLAND WA 6056

Kalamunda
37 Elizabeth Street
KALAMUNDA WA 6076
(inside Mead Medical)

Bunbury
149 Spencer Road
BUBURY WA 6230