

Name: DOB:

Address:

..... Phone:

ULTRASOUND DUPLEX ASSESSMENT

ARTERIAL

- ☐ Carotid & Vertebral Ultrasound
☐ Ankle-Brachial Index (ABI)
☐ Lower Limb ☐ Left ☐ Right ☐ Bilateral
☐ Aorto-iliac/ AAA Ultrasound
☐ Endovascular Aorta Repair Surveillance
☐ Renal Artery Ultrasound
☐ Mesenteric Artery Ultrasound
☐ Upper Limb ☐ Left ☐ Right ☐ Bilateral

VENOUS

- ☐ DVT Lower
☐ DVT Upper
☐ Varicose Veins Ultrasound (Venous Insufficiency)
☐ IVC / Iliac veins
☐ Ovarian / Pelvic Veins
☐ Perforator Marking
☐ Conduit Marking

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ARTERIOVENOUS FISTULA

- ☐ Mapping ☐ Surveillance ☐ Lower ☐ Upper ☐ Right ☐ Left

THORACIC OUTLET SYNDROME

- ☐ Right ☐ Left

**All scans are
BULK-BILLED**

Other:

Clinical Details:

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.....

Referring Doctor:

Address:

Phone: Fax: ☐ Would you like to receive correspondence by email?

Email:

Provider Number: Signature:

Referral Date:

Please see over for further information... >>

Preparation

For many vascular ultrasound examinations, no specific preparation is necessary.

If the patient is having an abdominal ultrasound:

- Fasting from midnight prior to the ultrasound is required, although moderate clear fluid is allowed.
- Take medication as usual.
- If the patient is diabetic, a piece of toast with clear fluid is acceptable.

Other

Allow 30 minutes for each test. Eg. two legs are considered as two tests.

Missed appointments are costly, please call 24 hours before examination if not able to attend.

North Shore Health Hub

Suite 205, Level 2, Tower A, 7 Westbourne Street, St Leonards NSW 2065



Northern Beaches Hospital

Suite 15, Level 7, 105 Frenchs Forest Rd W, Frenchs Forest NSW 2086



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Dr Mayo Theivendran FRACS
Vascular & Endovascular Surgeon