Perth VascuScan
Fully integrated vascular imaging

Hollywood Consulting Centre
Suite 413, 91 Monash Avenue
Nedlands WA 6009

P: +61 8 **6118 2154**
F: +61 8 6389 2222
E: admin@perthvascuscan.com.au

Pleaase affix patient label here

EXAMINATION REQUEST	
CAROTID & VERTEBRAL ARTERIES	☐ R ☐ L
ABDOMINAL VESSELS AORTO-ILIAC EVAR VENOUS (incl. GONADAL)	☐
ARTERIAL DUPLEX LEG	☐ R ☐ L
RESTING ABI and/or Toe Pressures	☐
EXERCISE ABI Study	☐
ARTERIAL DUPLEX ARM (+/- PROVOCATION)	☐ R ☐ L
DIGITAL WAVEFORMS – Toes / Fingers	☐
RENAL and / or VISCERAL	☐
DVT – Arm or Leg	☐ R ☐ L
VENOUS INCOMPETENCE DUPLEX LEG	☐ R ☐ L
VENOUS DUPLEX ARM	☐ R ☐ L
MARKING Pre-op ASSESSMENT VV SURGERY	☐ R ☐ L
Pre-op VENOUS / ARTERIAL MAPPING / MARKING	☐ R ☐ L
AVF Pre-op ASSESSMENT (Bilat. arm Venous & Arterial)	☐
AVF Post-op / SURVEILLANCE	☐ R ☐ L

Clinical Details.....

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Location: HCC ☐ HPH ☐ ..... SJOGS ☐ ..... Other ☐ .....

Doctor's Details.....

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Doctor's Signature..... Date .....