Spectrum Bookings
Ph 02 9197 8100

Spectrum
vascular imaging
www.spectrumradiology.com.au

Vascular Imaging Referral Form

Patient details

Vascular Examination Required

1. Carotid Duplex ❑

2. Peripheral Arterial Study

a. ABI resting & toe pressure ❑
b. ABI & exercise ❑
c. Aorto-iliac Duplex ❑
d. Leg Arterial Duplex L ❑ R ❑
e. Subclavian Brachial Duplex L ❑ R ❑

3. Venous Duplex

a. DVT study L ❑ R ❑
b. Venous Insufficiency L ❑ R ❑
c. Venous Mapping L ❑ R ❑

4. Abdominal Duplex *(FASTING)*

a. Renal ❑
b. Mesenteric ❑
c. Aneurysm ❑
d.IVC and Iliac Venous ❑
e.Ovarian Veins ❑

5. Photoplethysmography

a. Thoracic Outlet L ❑ R ❑
b. Penile Arterial ❑

6. AV Fistula

a. Mapping L ❑ R ❑
b. Progress L ❑ R ❑

Clinical notes

Referring Doctor These sections **MUST** be completed

Name:
Address:
Provider No:
Speciality:
Phone:
Fax:
Signature:
Date:

more referrals needed

*** Please see overleaf for maps and addresses of all our sites**