

# Bayside ascular Laboratory

Mr William Campbell F.R.A.C.S(Vasc.) Vascular and Endovascular Surgeon

Surname \_\_\_\_\_  
Given Name \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Ref Dr \_\_\_\_\_  
Provider No. \_\_\_\_\_  
Ph: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address \_\_\_\_\_

## Clinical Details

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Test Required (Please circle)

1. Resting Ankle Pressures
2. Exercise Ankle Pressures
3. Toe Pressures

### Colour Duplex Scans

4. Carotids
5. Graft Surveillance
6. Lower Limb Arterial
7. Lower Limb DVT
8. Venous Insufficiency (Varicose Veins)
9. Upper Limb Arterial
10. Upper Limb DVT
11. Vein Mapping (For Harvest)
12. Compartment Syndrome
13. Mesenteric Arteries ( 8 hour fast )
14. Renal Arteries ( 4 hour fast )
15. Abdominal Aortic Aneurysm

- Right  
 Left  
 Bilateral

**Please note:** All patients undergoing lower limb arterial testing will have Doppler pressure studies performed prior to scan.

APPOINTMENT Please attend the Bayside Vascular Laboratory on \_\_\_\_\_ at \_\_\_\_\_

At **Como Private Hospital** 152 Como Parade West, Parkdale 3194 Ph: 9586 3554 Fax: 9586 3535