



Suite 11, Missenden Medical Centre,
 54-60 Briggs St,
 Camperdown, 2050
 Telephone: 9516 5299
 Fax: 9550 4421
 Website: www.vascularlaboratory.net

S.R. Dubenec
 J.P. Harris
 I.S. Nammuni
 R.A. Qasabian
 D.A. Robinson

URGENT

NON-URGENT

Name: _____ D.O.B. : _____

Address: _____

CEREBROVASCULAR

Carotid

UPPER EXTREMITY

TOS R L

Arterial R L

Venous R L

ABDOMINAL

Endoluminal AAA repair

AAA assessment

Renal/Mesenteric

LOWER EXTREMITY

Arterial

Aorto-iliac R L

Venous

DVT R L

Mapping

Arterial bypass LSV R L

Leg/s R L

CV/IVV's R L

Pre-op VV R L

ABIs Resting Study

ABIs Exercise Study

OTHER: _____

CLINICAL HISTORY AND NOTES:

Directed Study Recent Procedure
 Date: _____

Referring doctor: _____

Provider No: _____

Address: _____

Date: _____