



Dr Walid Mohabbat  
Vascular and Endovascular Surgeon

Dr Isuru Nammuni  
Vascular and Endovascular Surgeon

Dr Mayo Theivendran  
Vascular and Endovascular Surgeon

Dr Shen Wong  
Vascular and Endovascular Surgeon

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**ULTRASOUND SERVICES**

**ARTERIAL**

- Carotid & Vertebral Ultrasound
- Ankle-Brachial Index (ABI)
- Lower Limb  Left  Right  Bilateral
- Aorta-Iliac/AAA Ultrasound
- Renal Artery Ultrasound
- Mesenteric Artery Ultrasound
- Upper Limb  Left  Right  Bilateral

**VENOUS**

- |  |                                    |                          |                          |
|--|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> DVT Lower   | <input type="checkbox"/> DVT Upper | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Varicose Veins Ultrasound<br>(Venous Insufficiency) |                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> IVC / Iliac veins                                   |                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ovarian / Pelvic Veins                              |                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Perforator Marking                                  |                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Conduit Assessment                                  |                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Conduit Marking                                     |                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**R L**

**ARTERIOVENOUS**

- Mapping  Surveillance  Lower  Upper  Right  Left

**VASCULAR DISEASE SCREENING**

- Consists of Carotid Ultrasound - cerebrovascular screen
- ABI's - screen for peripheral arterial disease
- Aorta Ultrasound - screen for AAA

**TOS**

- Right  Left

Other: \_\_\_\_\_

Clinical Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VASCULAR SURGEON CONSULTATION**

Referring Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

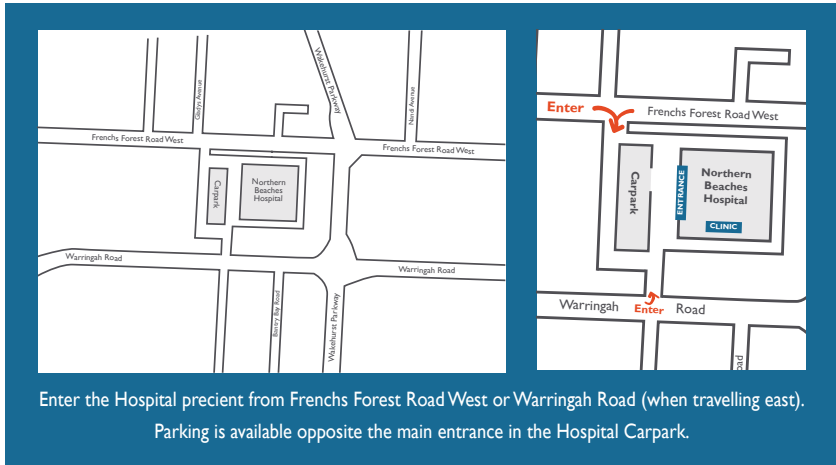
Email: \_\_\_\_\_

Would you like to receive  
correspondence by email?

Provider Number: \_\_\_\_\_ Signature: \_\_\_\_\_

Referral Date: \_\_\_\_\_

*Please see over for further information*



Clinic located at Suite 8, Level 6,  
Northern Beaches Hospital, 105 Frenchs Forest Rd. West, Frenchs Forest NSW 2086  
Telephone: (02) 9105 5696 Facsimile: (02) 9105 5697

**Office Hours: Monday-Friday 9am to 5pm**

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## 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 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.