

Name: _____ DOB: _____

Medicare No: _____ Phone: _____

Address: _____

Cerebrovascular

Carotid and Vertebral Duplex

Abdominal

- Aorta Iliac Arterial Duplex
- Renal Duplex
- Visceral/Mesenteric Duplex
- Aorto Iliac Venous Duplex
- Ovarian/Testicular Vein Duplex

Upper Extremities

- | | | |
|--|--------------------------|--------------------------|
| | R | L |
| <input type="checkbox"/> Upper Limb Arteries | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Thoracic Outlet Study | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Upper Limb Veins | <input type="checkbox"/> | <input type="checkbox"/> |

Dialysis Access

- Fistula Surveillance
- Dialysis Fistula Workup
(Venous and Arterial Duplex)

Lower Extremity Arterial

- | | | |
|--|--------------------------|--------------------------|
| | R | L |
| <input type="checkbox"/> Lower Extremity Arteries
(Aorta Iliac+ Leg Arts) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Popliteal Entrapment Study | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Resting/Exercise ABI | <input type="checkbox"/> | <input type="checkbox"/> |

Lower Extremity Venous

- | | | |
|---|--------------------------|--------------------------|
| | R | L |
| <input type="checkbox"/> Varicose Veins
(Venous Insufficiency) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DVT
(IVC & Lower limbs) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Conduit mapping | <input type="checkbox"/> | <input type="checkbox"/> |

Other

- _____
- _____
- _____

Clinical Details

Referrer Details

Name

Provider Number

Signature

Date

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The Vascular Lab also operates from:

- » St Andrew's War Memorial Hospital Brisbane
- » Gympie
- » Noosa
- » Warwick

For appointments contact at:

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