

## APPOINTMENTS

Phone: 9583 5199 Fax: 9583 5455

Email: [reception@ultrasoundservices.com.au](mailto:reception@ultrasoundservices.com.au)

## Patient Details

## Clinical History

## Referring Doctor

Signature

Date / /

**URGENT**

## Obstetric /Gynaecological

- First Trimester (Gestation Age, Viability)
- First Trimester Screening
- Fetal Anatomy
- Fetal Growth / Wellbeing
- Gynaecological

## Vascular

- Aorto-iliac Arterial Duplex Study   
(AAA, Occlusive disease, EVAR surveillance)
- Lower limb Arterial Duplex including ABI's L  R   
(Claudication, Rest Pain, Ulceration)
- Lower Limb Venous Incompetence Duplex Study L  R   
(Varicose Veins, Venous Ulcer, Swelling)
- Lower Limb Venous Thrombosis Duplex Study L  R   
(Deep or Superficial Venous Thrombosis only)
- Carotid Duplex Study
- Renal/Visceral arterial duplex study

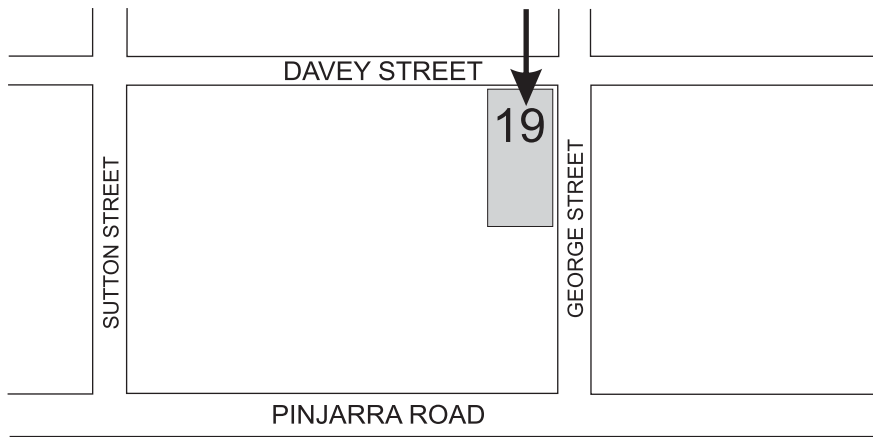
## General Ultrasound

- Abdomen
- Renal and Bladder
- Small Parts
  - Thyroid
  - Testis
  - Breast
- Musculoskeletal

# Mandurah

ULTRASOUND

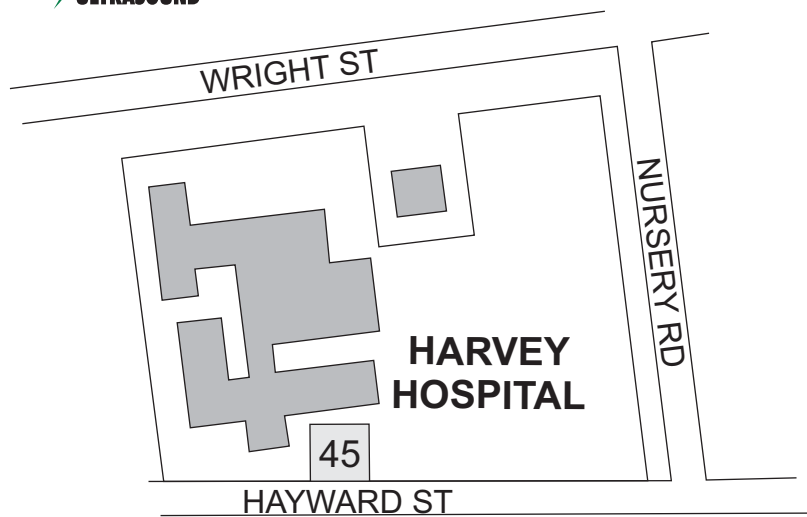
Unit 5 /19 Davey Street, Mandurah WA 6210  
Appointments: 9583 5199 Fax: 9583 5455



# Harvey

ULTRASOUND

45 Hayward St, Harvey WA 6220



# Applecross

ULTRASOUND

Ground Floor, 4 Riseley Street, Applecross WA 6153  
Appointments: 9583 5199 Fax: 9583 5455

