



Western Vascular Diagnostics

Available at:

Private Consulting Suites, Western Hospital, Gordon Street, Footscray, 3011.
110 Douglas Parade, Williamstown, 3016

For Appointment Telephone: (03) 9317 3377 **Facsimile:** (03) 9318 3599

www.wvd.com.au

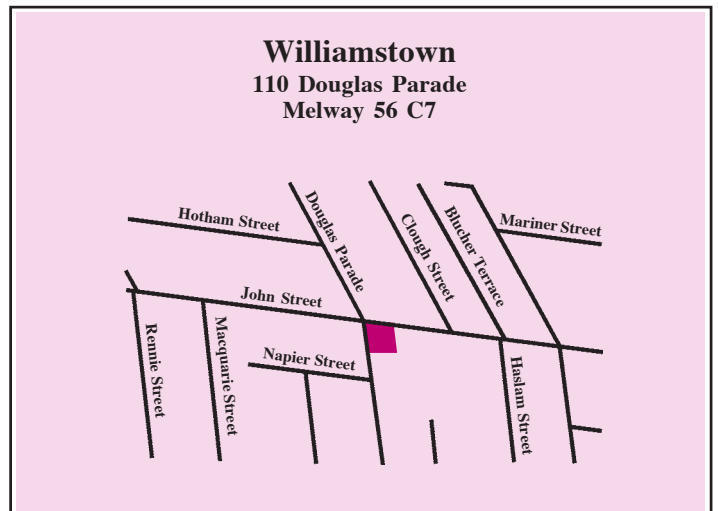
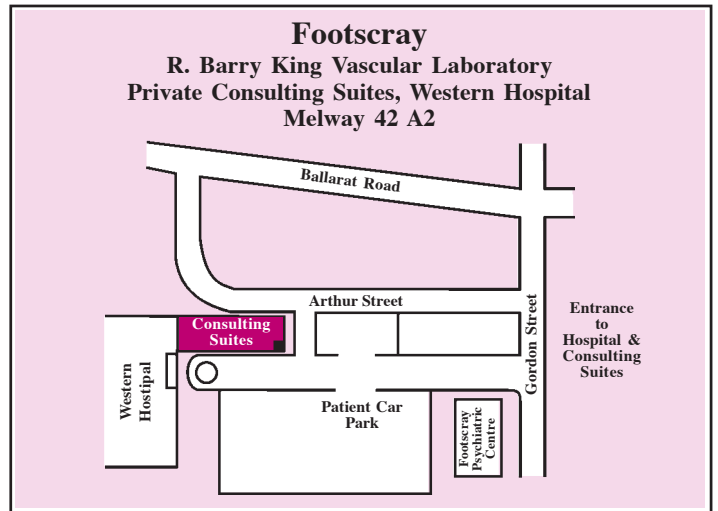
Patient Name	D.O.B.
Address	Telephone (H):
	Telephone (B):
	Medicare No:

Request For:	Clinical Details:
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Referring Doctor Details:	Report:
	<input type="checkbox"/> Routine
	<input type="checkbox"/> Urgent (Ph _____)
	<input type="checkbox"/> Urgent (Fax _____)
	<input type="checkbox"/> Email _____
	Copy to: _____
Doctor's Signature: _____	Date: _____

INVESTIGATION REQUESTED

1 <input type="checkbox"/> Carotid and Vertebral Duplex	<input type="checkbox"/> Bilateral <input type="checkbox"/> Right <input type="checkbox"/> Left
2 <input type="checkbox"/> Leg Arteries	
3 <input type="checkbox"/> Leg Veins - DVT Study	
4 <input type="checkbox"/> Leg Veins - Incompetence Study	
5 <input type="checkbox"/> Graft Surveillance	
6 <input type="checkbox"/> Abdominal	
7 <input type="checkbox"/> Ankle Pressure Study - Rest	
8 <input type="checkbox"/> Ankle Pressure Study - Exercise	
9 <input type="checkbox"/> Upper Limbs	
10 <input type="checkbox"/> Renal or Visceral Duplex (Footscray Only)	
11 <input type="checkbox"/> Other _____	



Your Appointment is at:

Footscray on _____ am/pm

Williamstown on _____ am/pm

Mr Gary M. Frydman

ALL PATIENTS BULK-BILLED