



WA Vascular Centre

DR GREGORY (CHUI) THEN, MBBS FRACS & Associates
Endovascular & Specialist Vascular Surgeon
163 GUILDFORD ROAD,
(Cnr. Kathleen St.) BASSENDEAN
PERTH JOONDALUP MANDURAH

J.E. Teasdale Pty Ltd
 A.C.N. 009 010 502
 A.B.N. 90 009 010 502




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PATIENT DETAILS

Mr/Mrs/Miss/Ms Surname		D.O.B.
First Name	Second Name	Telephone No.
Address		Mobile
Suburb		Postcode

INVESTIGATIONS REQUIRED

REQUEST FOR DUPLEX SCAN

1 <input type="checkbox"/> PERIPHERAL ARTERIAL STUDY - ARM	R <input type="checkbox"/> L <input type="checkbox"/>	10 <input type="checkbox"/> RAYNAUDS	
2 <input type="checkbox"/> PERIPHERAL ARTERIAL STUDY - LEG	R <input type="checkbox"/> L <input type="checkbox"/>	11 <input type="checkbox"/> PPG - FINGERS/TOES	R <input type="checkbox"/> L <input type="checkbox"/>
3 <input type="checkbox"/> VENOUS STUDY - ARM	R <input type="checkbox"/> L <input type="checkbox"/>	12 <input type="checkbox"/> THORACIC OUTLET SYNDROME	
4 <input type="checkbox"/> VENOUS STUDY - LEG	R <input type="checkbox"/> L <input type="checkbox"/>	13 <input type="checkbox"/> LEG ULCER	R <input type="checkbox"/> L <input type="checkbox"/>
5 <input type="checkbox"/> CAROTID AND VERTEBRAL STUDY	R <input type="checkbox"/> L <input type="checkbox"/>	14 <input type="checkbox"/> OTHER CONDITION	R <input type="checkbox"/> L <input type="checkbox"/>
6 <input type="checkbox"/> AAA	<input type="checkbox"/> URGENT (24HRS)	INJECTION SCLEROTHERAPY	R <input type="checkbox"/> L <input type="checkbox"/>
7 <input type="checkbox"/> RENAL	<input type="checkbox"/> ELECTIVE (1-2 weeks)	URGENT DVT SCAN	R <input type="checkbox"/> L <input type="checkbox"/>
8 <input type="checkbox"/> MESENTERIC ARTERIES		FAX No.	
9 <input type="checkbox"/> ABDOMINAL VENOUS SCAN			

PATIENT NOTES Reason for referral (please print)

REFERRING DOCTOR Full Name/Location/Provider No./Stamp Tick if Management NOT REQUIRED

Signature Date

ALL APPOINTMENTS TEL: (08) 9279 4333
FAX: (08) 9279 3754 EMAIL: reception@wvascularcentre.com.au
www.wvascularcentre.com.au

PLEASE SEE INSTRUCTIONS OVER PAGE

Important PLEASE READ THIS!

Your **FIRST APPOINTMENT** is for a **SCAN/ASSESSMENT** and then to see the Vascular Surgeon so that he can discuss your future management. It is important to bring this referral with you on your first visit so you can claim your account through medicare, failure to do so could result in re-booking your test.

- Please arrive 15 minutes before your appointment, if you are late you may have to be rebooked
 - Please discuss prices with staff when making bookings
 - A considerable amount of time has been set aside for your test, therefore, at least one full working day cancellation is required or \$50.00 cancellation fee may be incurred. All appointments must be confirmed 3 days prior to your appointment as other patients must otherwise be booked. If you still attend without confirmation 3 days prior to your appointment you may keep the appointment if you are prepared to wait on the same day or rebook your appointment.
 - Bring all of your current medications to all consults with the Specialist Vascular Surgeon
 - Please bring any recent x-ray or scan reports with you as well as any other relevant documentation
 - Please wear loose fitting clothing on scan day as for some tests you may be required to remove trousers/pants
 - There may be some unavoidable waiting times between tests
- Please notify us at the time of your appointment if:
- you are pregnant
 - you are breastfeeding
 - you have a pacemaker
 - you will require the service of an interpreter

Please **DO NOT APPLY** any **SKIN LOTIONS** when attending for a scan (deodorant acceptable)

For scans requiring fasting (i.e. Nos 1,6,7,8,9), fast 4 hours prior to your test, **WATER ONLY** - medications as normal

IMPORTANT IF YOU ARE DIABETIC THEN PLEASE DO NOT FAST AND TAKE YOUR MEDICATION AS NORMAL

Please allow sufficient time to locate parking.

This is a private practice, **ALL ACCOUNTS ARE TO BE PAID IN FULL ON THE DAY**