

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

Medicare No: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Cerebrovascular**

Carotid and Vertebral Duplex

**Abdominal**

- Aorta Iliac Arterial Duplex
- Renal Duplex
- Visceral/Mesenteric Duplex
- Ilio-Caval 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<br>(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/Toe Pr                         | <input type="checkbox"/> | <input type="checkbox"/> |

**Lower Extremity Venous**

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | R                        | L                        |
| <input type="checkbox"/> Varicose Veins<br>(Venous Insufficiency) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DVT<br>(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  
Signature

Provider Number  
Date

**Dr Pankaj Jha** *MBBS MSc FRCSEd FRACS*

**P:** (07) 5208 9184 **F:** (07) 5448 6445  
**E:** hello@dopplercentre.com.au

The Doppler Centre  
Sunshine Specialist Suites  
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**FREE ONSITE PARKING. BULK BILLED.**

*Please Turn Over*

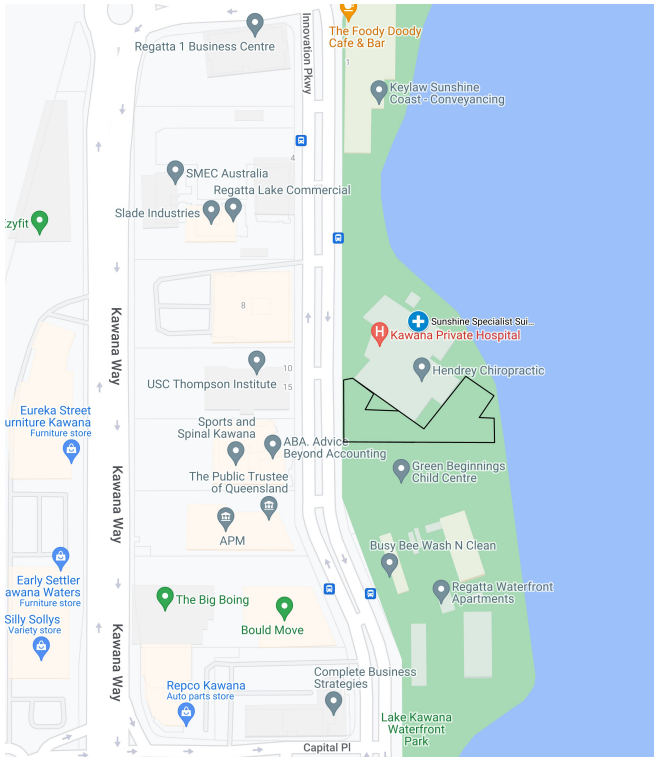


# Free Onsite Parking. Bulk Billed.

Sunshine Specialist Suites, Office 12, Level 1  
5 Innovation Parkway, Birtinya, QLD. 4575

## Directions:

Enter through the main entrance of the building and take the stairs / lifts directly ahead to level 1. Here turn right to see entry to The Doppler Centre located within the Sunshine Specialist Suites.



## Further information for referring doctors:

Patients with acute conditions e.g. suspected DVT, acute cerebral or peripheral ischaemic episodes will be seen on the same day. In these instances, it is preferable if the referring doctor speaks with the Doppler Centre staff directly. We will endeavour to contact the referring doctor with the result by telephone or fax or if you wish, please leave a mobile telephone number. Booked appointments will be necessary in all other situations.

## For appointments contact at:

**P:** (07) 5208 9184

**F:** (07) 5448 6445

**E:** [hello@dopplercentre.com.au](mailto:hello@dopplercentre.com.au)