Prof Philip Walker Vascular Laboratory – Metro North Vascular Surgery

RBWH
Level 7 Ned Hanlon Building
Herston Qld 4029
Phone: 3646 3610 Fax: 3646 5220 LSPN: 006617

TPCH
Ground Floor Specialist Medical Services
Main Acute Building Chermside Qld 4032
Phone 3139 4207 Fax 3256 3470 LSPN: 001835

PN: 0279327B **Dr Jason Jenkins FRACS (Vasc)** **PN: 027932DX**

Patient ID Label **UR**

Last name

First name

Sex **DOB** ___/__/__

Address

Ph (w) **Ph (h)**

Referring Consultant & Provider Number:

.....

.....

Signature:.....

Department:.....

Date of Referral:____/_____/_____ WARD:

☐ RBWH ☐ DVA
☐ PPSC
☐ TPCH ☐ Private
☐ Inpatient
☐ Outpatient

Study Urgency:

☐ Urgent (must discuss with Lab)
☐ Routine
☐ Required by (Date) ___/____/____

☐ Pre-op RBWH Surgery
☐ Pre-op TPCH Surgery
☐ 1st post-op scan

Allergies? ☐ **yes** ☐ **no**
Specify:

Infectious? ☐ **yes** ☐ **no**
Specify:

Arterial Studies

- ☐ Carotid and Vertebral Duplex..... 55274
- ☐ Upper extremity arteries..... R ☐ L ☐..... 55248
- ☐ AV fistula (Site): _____ R ☐ L ☐..... 55292
- ☐ Wrist: Brachial Indices and waveform analysis ± Digital Pressures..... 11611
- ☐ Thoracic outlet studies (Venous+Arterial+PPG)..... R ☐ L ☐..... 55248 + 55252 +11611

- ☐ Aortoiliac Arteries..... 55276
- ☐ AAA Surveillance..... 55276
- ☐ Popliteal aneurysm Surveillance..... R ☐ L ☐..... 55276 + 55238
- ☐ EVAR follow up..... 55276
- ☐ Renal Arteries..... 55278
- ☐ Mesenteric Arteries..... 55278

- ☐ Leg arteries or grafts with aortoiliac inflow..... R ☐ L ☐..... 55276 + 55238
- ☐ Leg arteries or grafts – infrainguinal only..... R ☐ L ☐..... 55238
- ☐ False Aneurysm +/- compression..... R ☐ L ☐..... 55238

- ☐ Ankle Brachial Indices and waveform analysis ± Toe Pressures..... 11610
- ☐ Claudication Treadmill Exercise Study (with ECG Monitoring)..... 11612 + 11700

Venous Duplex Studies

- ☐ Iliocaval/ Pelvic / Ovarian veins..... 55276
- ☐ Leg veins DVT (with iliocaval segment)..... R ☐ L ☐..... 55276 + 55244
- ☐ Leg veins DVT (infrainguinal only)..... R ☐ L ☐..... 55244
- ☐ Leg veins Varicose Veins / CVD ..... R ☐ L ☐..... 55246
- ☐ Upper extremity veins..... R ☐ L ☐..... 55252
- ☐ Vein conduit mapping (Site):..... R ☐ L ☐..... 55294
- ☐ Vein / perforator / SPJ marking prior to Surgery (Site):_____..... 55296

Indication, Clinical & Prior Surgery Details (Mandatory):

PATIENT DECLARATION: I have been advised of my options to be treated as a public or as a private patient. I have elected to be treated as a private patient and bulk billed for this service.

Patient Signature: **Date:** ____/____/_____

Queensland Government