



BRONTE VASCULAR ULTRASOUND

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Vascular Surgery

MD, FRCSC, RPVIÁ

Shreya Jalali
Vascular Surgery

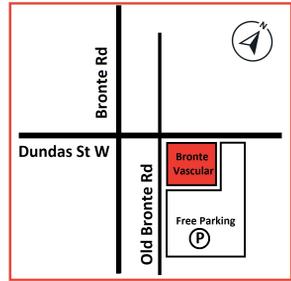
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Aaron Lo
Vascular Surgery

MD, FRCSC



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Fax: 905-901-5253

NAME _____ TEL # _____

OHIP No: _____ D. O. B. _____

REQUEST FOR ASSESSMENT

PERIPHERAL ARTERIAL

- Carotids
- Aorta & iliacs (AAA Screening)
- Lower extremities bilateral
(Incl. Aorta, iliacs, ABI, TBI)
- Renal Duplex
- Upper extremities bilateral
- ^R ^L Lower extremity unilateral
- Upper extremity unilateral

PERIPHERAL VENOUS

- Lower extremities bilateral
(with insufficiency & IVC & iliacs)
- Rule-out DVT legs bilateral (inc IVC & iliacs)
- ^R ^L Rule-out DVT leg unilateral (inc IVC & iliacs)
- Upper extremity unilateral

Other: _____

CLINICAL CONSULTATION REQUEST IF ABNORMAL

Clinical Information _____

Appointment time: _____ URGENT:

Referring Doctor: _____ Billing #: _____

Clinic: _____ Ph: _____ Fax: _____