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Name: _____ D.O.B. : _____

Address: _____

CEREBROVASCULAR & UPPER EXTREMITY

- | | | |
|--|---|---|
| <input type="checkbox"/> Carotid | <input type="checkbox"/> Subclavian | <input type="checkbox"/> Haemodialysis Access |
| <input type="checkbox"/> TOS <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Arterial <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Venous <input type="checkbox"/> R <input type="checkbox"/> L |

ABDOMINAL

- | | | |
|--|---|---|
| <input type="checkbox"/> Endoluminal AAA repair | <input type="checkbox"/> AAA assessment | <input type="checkbox"/> Renal/Mesenteric |
| <input type="checkbox"/> Aorto-iliac <input type="checkbox"/> R <input type="checkbox"/> L | <input type="checkbox"/> Ovarian Veins | <input type="checkbox"/> Renal/Liver Transplant |

LOWER EXTREMITY

Arterial

- | |
|--|
| <input type="checkbox"/> Leg/s <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> ABIs Resting Study |
| <input type="checkbox"/> ABIs Exercise Study |

Venous

- | |
|---|
| <input type="checkbox"/> DVT <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Venous Insufficiency <input type="checkbox"/> R <input type="checkbox"/> L |

Mapping

- | |
|--|
| <input type="checkbox"/> Arterial bypass LSV <input type="checkbox"/> R <input type="checkbox"/> L |
| <input type="checkbox"/> Pre-op VV <input type="checkbox"/> R <input type="checkbox"/> L |

OTHER: _____

CLINICAL HISTORY AND NOTES:

Referring doctor: _____

Provider No: _____

Address: _____

Date: _____

APPOINTMENT

DATE: _____ Time: _____

ALL NEW PATIENTS

***** PLEASE ARRIVE 15 MINUTES PRIOR TO APPOINTMENT TO COMPLETE PAPERWORK *****

PREPARATION

ABDOMINAL STUDIES

Please fast for 4 hours prior to your appointment.

Please avoid: dairy, fizzy drinks, fruit, chewing gum and smoking 12 hours prior to your appointment.

Please take your medications as normal with a sip of water.

VENOUS INSUFFICIENCY STUDIES

Please do not wear your compression stocking on the day of your appointment (this does not apply to DVT patients). Please avoid creams & lotions.

OTHER STUDIES

No special preparation required.

