



V. Kapila MD, FRCSC, RPVI
Vascular Surgery

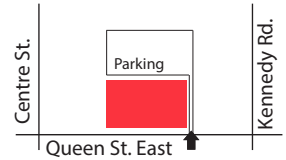
D. Kelton MD, FRCPC, RPVI
Interventional Radiology

K. Louis MD, FRCSC
Vascular Surgery

B. Thannikkotu MD, FRCSC, RPVI
Cardiovascular Surgery

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Vascular Surgery

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NAME _____ PT. TEL # _____

OHIP No: _____ D. O. B. _____

REQUEST FOR ASSESSMENT

PERIPHERAL ARTERIAL

PERIPHERAL VENOUS

- Carotids
Lower extremities bilateral (Incl. Aorta, ABI, TBI)
Upper extremities bilateral

- Lower extremities bilateral (Incl. IVC)
Upper extremities bilateral
Rule out DVT

AV DIALYSIS GRAFT EXAM

CLINICAL CONSULTATION WITH A SURGEON

OTHER _____

Clinical Information

Referring Doctor: _____ Billing #: _____

Clinic: _____ Ph: _____ Fax: _____