BRAMPTON VASCULAR INSTITUTE

BVI

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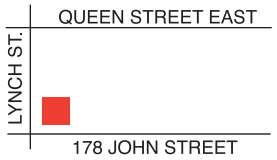

NAME _____ PT. TEL # _____

OHIP No: _____ D. O. B. _____

REQUEST FOR ASSESSMENT

PERIPHERAL ARTERIAL

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

PERIPHERAL VENOUS

- ❒ Lower extremities bilateral (Incl. IVC)
- ❒ Upper extremities bilateral
- ❒ Venous mapping

❒ **ECHOCARDIOGRAPHY** (Incl. M-Mode, 2D and Color Doppler)

❒ **AV DIALYSIS GRAFT EXAM**

❒ **CLINICAL CONSULTATION WITH A SURGEON**

❒ **OTHER** _____

Clinical Information _____

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Appointment Time _____

Ref. Doctor (PRINT) _____ **M. D.**

www.bramptonvascular.ca