



BRAMPTON VASCULAR INSTITUTE



V. Kapila MD, FRCS, RPVI
Vascular Surgery

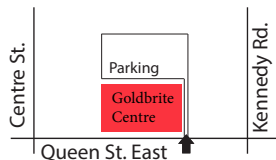
D. Kelton MD, FRGPC, RPVI
Interventional Radiology

K. Louis MD, FRCS
Vascular Surgery

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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

- Carotids
- Aorta & iliac (Aneurysm Screening)
- Lower extremities bilateral
(Incl. Aorta, iliacs, ABI, TBI)
- Upper extremities bilateral
- ^{R L} Lower extremity unilateral
- Upper extremity unilateral

PERIPHERAL VENOUS

- Lower extremities bilateral
(with IVC & iliacs)
- Upper extremities bilateral
- ^{R L} Lower extremity unilateral
- Upper extremity unilateral

Other: _____

CLINICAL CONSULTATION

AV DIALYSIS GRAFT EXAM

Clinical Information _____

Appointment time: _____

Referring Doctor: _____ Billing #: _____

Clinic: _____ Ph: _____ Fax: _____