



# BRAMPTON VASCULAR INSTITUTE

**V. Kapila** MD, FRCSC, RPVI  
*Vascular Surgery - Medical Director*

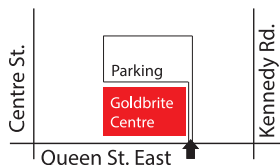
**J. Byrne** MD, FRCS, RPVI  
*Vascular Surgery*

**D. Kelton** MD, FRCPC, RPVI  
*Interventional Radiology*

**L. Tse** MD, FRCSC, RPVI  
*Vascular Surgery*



164 Queen St. East, Suite 110  
Brampton, ON L6V 1B4  
Tel: 905-455-4414  
Fax: 905-455-4407



NAME \_\_\_\_\_ PT. TEL # \_\_\_\_\_

OHIP No: \_\_\_\_\_ D. O. B. \_\_\_\_\_

## REQUEST FOR ASSESSMENT

☐ Non-urgent

☐ Urgent

☐ STAT

### PERIPHERAL ARTERIAL

☐ Carotids

☐ Aorta & iliacs (Aneurysm Screening)

☐ Lower extremities bilateral  
(Incl. Aorta, iliacs, ABI, TBI)

☐ Upper extremities bilateral

☐ ☐ Lower extremity unilateral  
R L

☐ ☐ Upper extremity unilateral

☐ **CLINICAL CONSULTATION**

### PERIPHERAL VENOUS

☐ Lower extremities bilateral  
(with insufficiency & IVC & iliacs)

☐ Rule-out DVT legs bilateral  
(inc IVC & iliacs)

☐ Upper extremities bilateral

☐ ☐ Lower extremity unilateral  
R L

☐ ☐ Upper extremity unilateral

☐ Other \_\_\_\_\_

Clinical Information \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Billing #: \_\_\_\_\_

Clinic: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

[www.bramptonvascular.ca](http://www.bramptonvascular.ca)