



# HAMILTON VASCULAR LAB

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## LABORATORY 2

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PATIENT'S NAME \_\_\_\_\_ D. O. B. \_\_\_\_\_

OHIP # \_\_\_\_\_ DATE \_\_\_\_\_

Phone # \_\_\_\_\_

### PERIPHERAL ARTERIAL

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

### PERIPHERAL VEINUS

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

**CLINICAL CONSULTATION**  **AV DIALYSIS GRAFT EXAM**

**OTHER** \_\_\_\_\_

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

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

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