US ARTERIAL DUPLEX - LOWER

DATE: _____/_____/

TECH: _____

ID #: _____

UPDATED 12/5/19 - RT

PATIENT NAME: _____ DOB: ____/____/____ SEX: M / F

ACUTE HX (location, duration, severity) **:**

_____

_____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO **DATE:** _____

RIGHT		ARTERY	LEFT	
Waveform	Velocity (cm/s)		Velocity (cm/s)	Waveform
Tri Bi Mono		COMMON FEMORAL		Tri Bi Mono
Tri Bi Mono		PROFUNDA FEMORAL		Tri Bi Mono
Tri Bi Mono		PROXIMAL FEMORAL		Tri Bi Mono
Tri Bi Mono		MID FEMORAL		Tri Bi Mono
Tri Bi Mono		DISTAL FEMORAL		Tri Bi Mono
Tri Bi Mono		POPLITEAL		Tri Bi Mono
Tri Bi Mono		PROXIMAL ANTERIOR TIBIAL		Tri Bi Mono
Tri Bi Mono		DORSALIS PEDIS		Tri Bi Mono
Tri Bi Mono		POSTERIOR TIBIAL		Tri Bi Mono
OTHER				

UNOFFICIAL PRELIMINARY SONOGRAPHER IMPRESSION

Tech Summary: _____

_____

US ARTERIAL DUPLEX - UPPER

DATE: _____/_____/

TECH: _____

ID #: _____

UPDATED 12/5/19 - RT

PATIENT NAME: _____ DOB: ____/____/____ SEX: M / F

ACUTE HX (location, duration, severity) **:**

_____

_____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO **DATE:** _____

RIGHT		ARTERY	LEFT	
Waveform	Velocity (cm/s)		Velocity (cm/s)	Waveform
Tri Bi Mono		COMMON CAROTID		Tri Bi Mono
Tri Bi Mono		SUBCLAVIAN		Tri Bi Mono
Tri Bi Mono		AXILLARY		Tri Bi Mono
Tri Bi Mono		BRACHIAL (PROXIMAL)		Tri Bi Mono
Tri Bi Mono		BRACHIAL (MID)		Tri Bi Mono
Tri Bi Mono		BRACHIAL (DISTAL)		Tri Bi Mono
Tri Bi Mono		RADIAL		Tri Bi Mono
Tri Bi Mono		ULNAR		Tri Bi Mono
OTHER				

UNOFFICIAL PRELIMINARY SONOGRAPHER IMPRESSION

Tech Summary: _____

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