



KITCHENER-WATERLOO VASCULAR LABORATORY



*Accredited Vascular
Laboratory*

Afshin Jahromi MD, FRCSC
Vascular Surgery

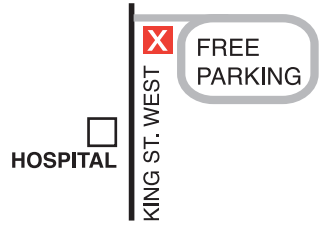
John Hobson MD, FRCSC
Vascular Surgery

Srinidhi K. Jayaram MD, FRCSC, RPVI
Vascular Surgery - Medical Director

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NAME _____ PT. TEL: _____

OHIP No: _____ D. O. B. _____

DATE _____

PERIPHERAL ARTERIAL

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

PERIPHERAL VENOUS

- Lower extremities bilateral
(Incl. R/O DVT, IVC, Calf veins)
- Upper extremities bilateral
- Venous Mapping

OTHER _____

Clinical Information _____

Appointment Time _____

Referring Doctor: _____ Billing #: _____

Clinic: _____ Ph: _____ Fax: _____