



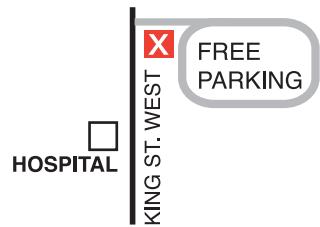
KITCHENER-WATERLOO VASCULAR LABORATORY



Accredited Vascular
Laboratory

Afshin Jahromi Vascular Surgery	MEDICAL DIRECTOR MD, FRCSC
John Hobson Vascular Surgery	MD, FRCSC
Srinidhi K. Jayaram Vascular Surgery	MD FRCSC
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Kitchener, ON N2G 1G4
Tel.: (519) 585-1116
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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. IVC)
- Upper extremities bilateral
- Venous mapping

□ AV DIALYSIS GRAFT EXAM

OTHER _____

Clinical Information _____

Appointment Time _____

Ref. Doctor (PRINT) _____ M. D. _____