



KITCHENER-WATERLOO VASCULAR LABORATORY



*Accredited Vascular
Laboratory*

Afshin Jahromi

Vascular Surgery MD, FRCSC

John Hobson

Vascular Surgery MD, FRCSC

Srinidhi K. Jayaram

Vascular Surgery MD FRCSC

Hamid A. Nasser

Vascular Surgery MD, FRCSC

932 King Street West
Kitchener, ON N2G 1G4
Tel.: (519) 585-1116
Fax: (519) 579-2294



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.**