



KITCHENER-WATERLOO VASCULAR LABORATORY



*Accredited Vascular
Laboratory*

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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.**