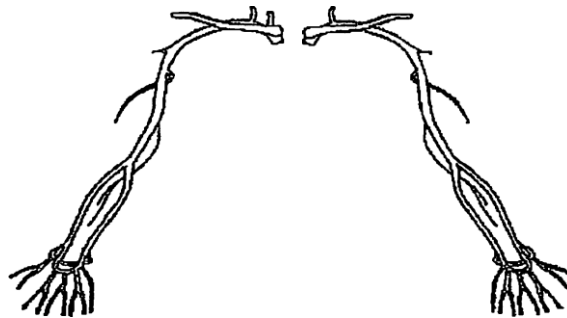


Upper Arterial Doppler Worksheet

History:

<input type="checkbox"/> Claudication	<input type="checkbox"/> Absent Pulse(s)	<input type="checkbox"/> Follow-up Vascular Surgery
<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Arterial Trauma	<input type="checkbox"/> Follow-up Angioplasty
<input type="checkbox"/> Ulcer	<input type="checkbox"/> Aneurysm/Pseudoaneurysm	<input type="checkbox"/> A/V Fistula
<input type="checkbox"/> Gangrene	<input type="checkbox"/> Vascular Graft Complications	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cynosis	<input type="checkbox"/> Embolism or Thrombosis	



	Right			Left		
	Multi	Mono	Absent	Multi	Mono	Absent
Subclavian						
Axillary						
Brachial						
Radial						
Ulnar						

Comments:

Technologist _____

Date _____

Time _____