

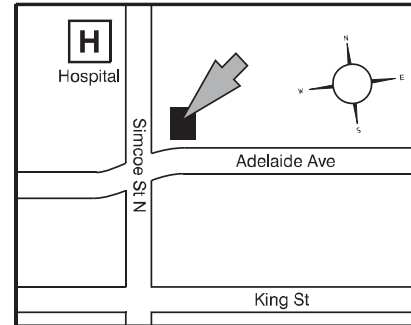


OSHAWA VASCULAR LABORATORY & ULTRASOUND IMAGING

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www.oshawavascular.com

NAME _____ DATE _____

PHONE _____ D.O.B. _____

REQUEST FOR ASSESSMENT

VASCULAR

- Vascular Consultation
- Carotid Doppler
- Aorta (for Aneurysm)
- Lower Arteries
- Lower Veins R L
- ABI's
- AV Mapping
 - Fistula
- Upper Arteries
- Upper Veins R L

CARDIAC

- Cardiology Consultation
- Stress Test
- Echocardiography
- Holter Monitoring
 - 48 Hrs 72 Hrs
- Other _____

Appointment:

Date _____

Time _____

Clinical Information _____

Referring Doctor _____ M.D.