

COMPU-SOUND

VASCULAR ULTRASOUND CLINIC

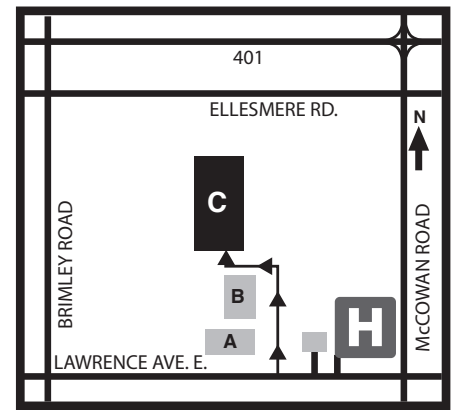
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 BUILDING C, SUITE C02
 SCARBOROUGH, ON. M1P 2V1

TEL: 416-431-5885

FAX: 416-431-1272

www.compusoundvascular.ca

Mon-Thurs:
 - 8:00am to 4:00pm
 Fri:
 - 8:00am to 3:30pm
 Evenings:
 - By Appointment



FIRST HOUR FREE PARKING
 BRING PARKING TICKET TO OFFICE TO BE STAMPED

NAME _____

REASON FOR EXAM (or Check Box Below)

PHONE _____

APPT. DATE _____ TIME _____

URGENT BOOKING: VERBAL:

Dr. _____ Per _____

ARTERIAL DUPLEX EXAM:

(Lower Arterial incl: AAA exam and Segmental Pressure Evaluation-ABI/TBI)

Lower Extremities:

- Indications: Rule Out PVD/Follow up PVD Claudication
 Graft Surveillance Ischemic Ulcers
 Absent or Diminished Pulses

Upper Extremities

- Cold Sensitivity (Raynaud's)
 Thoracic Outlet Syndrome
 Brachial B.P. Differential

VENOUS DUPLEX EXAM:

Lower Extremities Upper Extremities

- Indications: Rule out DVT Follow up DVT
 Swelling/Pain Venous Insufficiency
 SVT Varicose Veins Ulcer

- Fistula/Graft Surveillance**
 Left Right
 Pre-Op Mapping
 Fistula Creation Other

AORTIC SCREENING FOR ANEURYSM:

- Indications: Rule out Aneurysm Graft Surveillance
 Follow up Aneurysm EVAR

Risk factors:

- Over 65 Smoking
 Hypertension

CAROTID DUPLEX EXAM:

- Indications: TIA Stroke Dizziness Bruit
 Risk Factors Amaurosis Aneurysm

RENAL ARTERY DUPLEX EXAM:

- Indications: High Blood Pressure Elevated Creatinine
 Renal Artery Disease

ECHOCARDIOGRAPHY (2D & COLOUR DOPPLER):

- Chest Pain Shortness of Breath Palpitations Abnormal ECG Dizziness/Syncope
 Other _____

HOLTER MONITORING: 48HRS. 72 HRS. 14 Days 28 Days

OTHER STUDY: _____

ALL STUDIES PERFORMED ONLY BY REGISTERED VASCULAR AND CARDIAC TECHNOLOGISTS

This requisition form can be taken to any licensed facility providing healthcare services including hospitals and IHFs, such as those listed on the IHF Program website: <http://www.health.gov.on.ca/en/public/programs/ihf/facilities.aspx>