



BARRIE VASCULAR IMAGING

60 Bell Farm Road (Unit 1), Barrie, Ontario L4M 5G6

Phone: 705-728-8778 • Fax: 705-728-8755



Patient Name: _____ Date of Birth (D/M/Y) _____

OHIP# _____ Patient Contact # _____

PERIPHERAL ARTERIAL DUPLEX

- Lower extremities bilateral (Incl. Aorta, iliacs, ABI, TBI)
- Upper extremities bilateral

- R L
- Lower extremity unilateral
 - Upper extremity unilateral

PERIPHERAL VENOUS DUPLEX

- Lower extremities bilateral (with IVC & iliacs)
- Lower extremities bilateral Rule out DVT
- Upper extremities bilateral

- R L
- Lower extremity unilateral
 - Upper extremity unilateral

ABDOMINAL

- Aorta Duplex and AAA screening

CAROTID DUPLEX

- Carotid arteries

SPECIALTY EXAMS

- Mesenteric artery Duplex

OTHER

- Echocardiogram
- AV fistula/Graft Duplex

Clinical Indication: _____

Appointment time: _____

Referring Doctor: _____ Billing #: _____

Clinic: _____ Ph#: _____ Fax #: _____