Barrie Vascular Imaging

60 Bell Farm Road (Unit 1), Barrie, Ontario L4M 5G6
Phone: 705-728-8778 • Fax: 705-728-8755

Patient Name: _____ Phone No: _____

OHIP No: _____ Date of Birth [D/M/Y] _____

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

SPECIALITY EXAMS

- ❒ Mesenteric artery Duplex

OTHER

- ❒ AV fistula/ Graft Duplex

Clinical Indication: _____

_____

Referring Doctor: _____ Billing #: _____

Clinic: _____ Ph: _____ Fax: _____

Appointment Date: _____ Time: _____