



Barrie Vascular Imaging

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

ABCOMINAL

- 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: _____