

LOWER EXTREMITY ARTERIAL DUPLEX

Patient Name _____

DOB _____

MRN _____

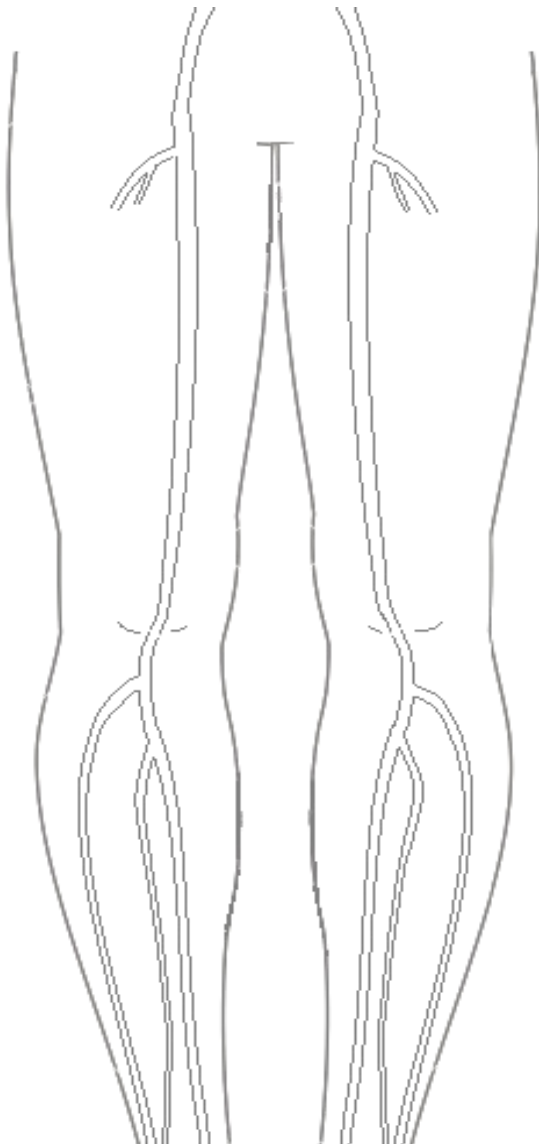
DATE: _____

TECH: _____

ORDERED BY: _____

Indication: _____

Surgical Hx: _____

VELOCITY	LOCATION		VELOCITY	LOCATION
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____
_____ cm/s	_____		_____ cm/s	_____

Notes: _____

*Note significant hemodynamic change by circling velocity, and use the diagram to illustrate plaque and other relevant details.