

LOWER EXTREMITY ARTERIAL EVALUATION

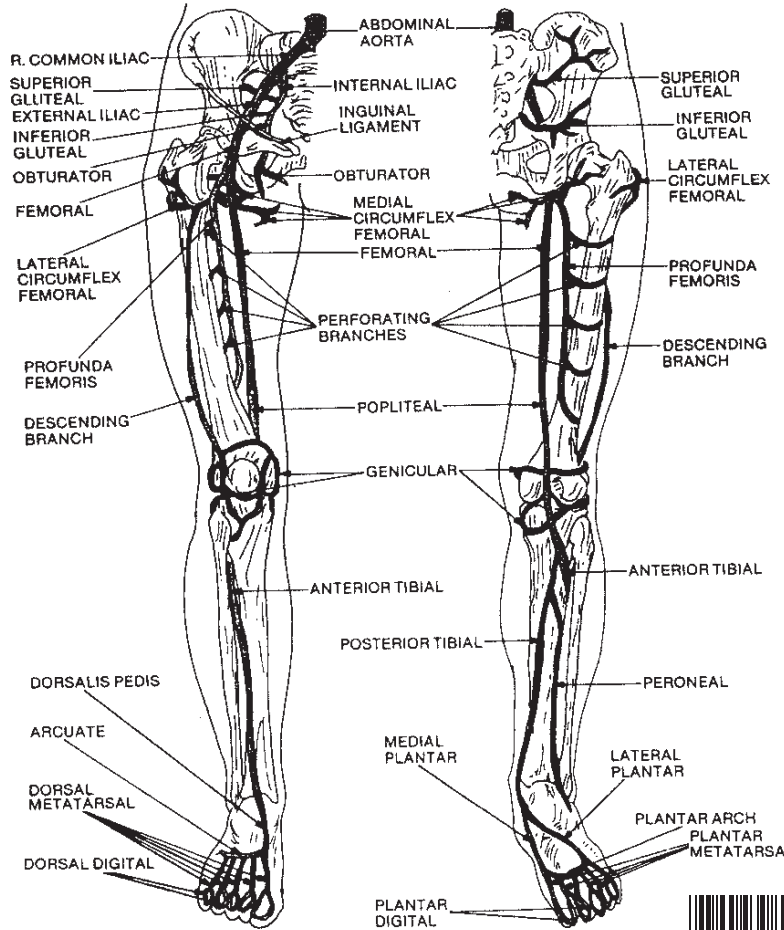
Name: _____ Date: ____ / ____ / ____

Previous Exam Duplex: _____ at _____ on _____ ANGIO _____ at _____ on _____

RIGHT

LEFT

Artery	PSV	Waveform	Plaque	Stenosis	Artery	PSV	Waveform	Plaque	Stenosis
CFA					CFA				
PFA					PFA				
SFA					SFA				
PA					PA				
PTA					PTA				



Indication: _____

Severity _____ / 10

Duration: _____

Prev. Vasc. Testing: _____

Prev Vasc. Surgery: _____

Diabetic: _____

Insulin Dependent: _____

Stroke/TIA: _____

Smoker: Packs per day: _____ Years: _____

Heart Disease: _____

Claudication: _____

Tingling Numbness Dependent Rubor

Cold Foot: _____



PT.

MR./RM.

DR.