

McLAREN IMAGING CENTER
 501 S. Ballenger Hwy., Suite B
 Flint, MI 48532

ARTERIAL ARMS DUPLEX

Date: ____ / ____ / ____ Name: _____

Symptoms: _____

Severity ____ / 10

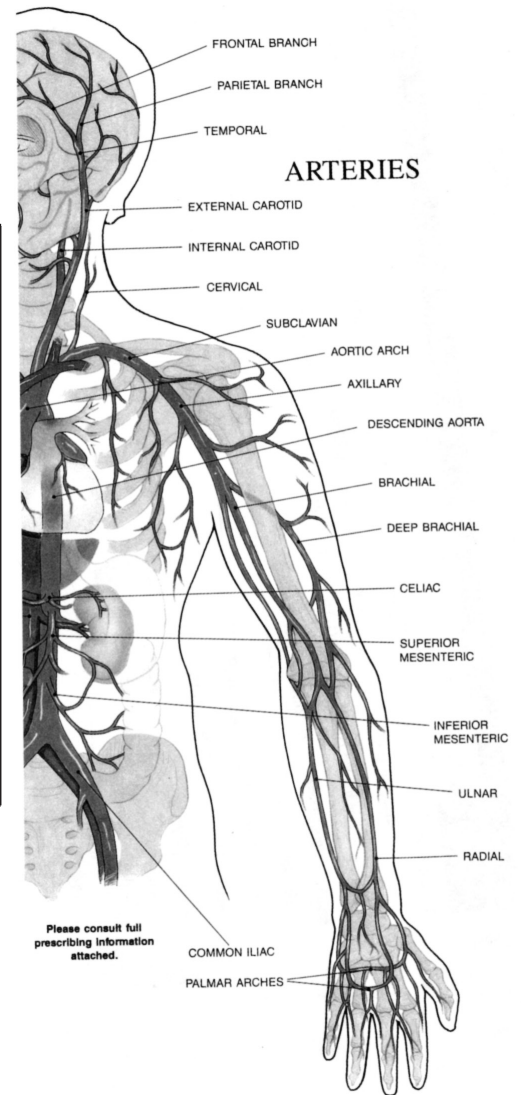
Duration: _____

Pulses	RT.	LT.
Carotid		
Brach		
Radial		

B.P.	R.T.	LT.

Arteries	RIGHT		LEFT	
	Waveform	PSV	Waveform	PSV
Subclavian				
Axillary				
Brachial - Prox				
Brachial - Dist				
Radial - Prox				
Radial - Dist				
Ulnar - Prox				
Ulnar - Dist				

Vertebral Flow:



Please consult full prescribing information attached.

ARTERIAL ARMS DUPLEX

M-22032 (12/15)



680b

PT.

MR.#/RM.

DR.