



MEDICAL GROUP

McLaren Oakland Vascular Surgery & Vein Center

3100 Cross Creek Parkway, Suite 120

Auburn Hills, MI 48326

Phone: 248-484-4300 Fax: 248-475-9376

DOPPLER REFERRAL

Name: _____

Appointment Date/Time: _____

Referring Physician: _____

- Testing Only
- Testing and Physician Appointment

REASON FOR VASCULAR TESTING:

- Pain
- Bruit
- Swelling
- Ulcer
- CVA/TIA
- Other: _____

ARTERIAL:

- AAA Ultrasound
- Carotid Doppler
- Lower Extremity Arterial Doppler
- Thoracic Outlet Evaluation
- Upper Extremity Arterial Doppler
- Pseudoaneuysm Evaluation
- Raynaud's Evaluation
- Renal Artery Ultrasound

VENOUS:

- Lower Extremity Venous Doppler
 - Bilateral
 - Right
 - Left
- Upper Extremity Venous Doppler
 - Bilateral
 - Right
 - Left