

THUMB REGION

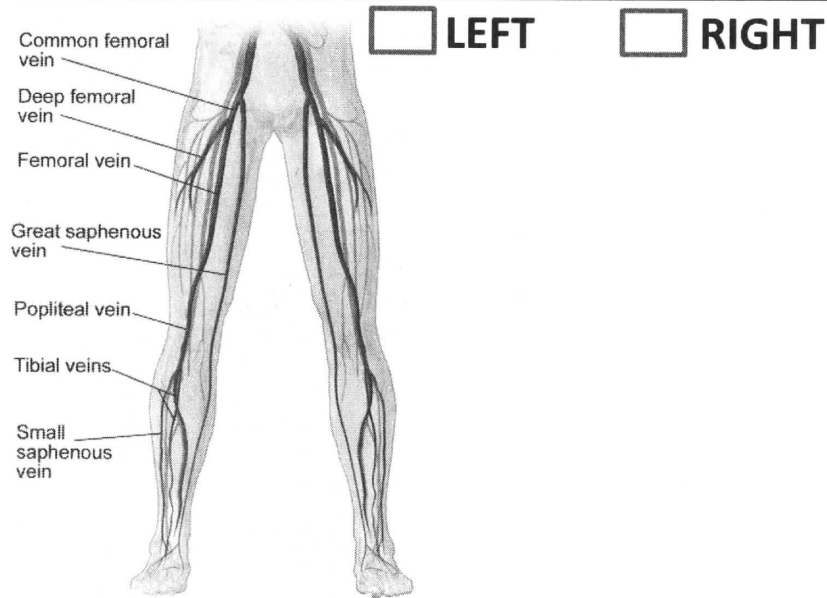
1100 S. Van Dyke • Bad Axe, Michigan 48413

Lower Extremity Venous Worksheet

Name _____ Date _____ MR# _____ DOB _____

Reason for Exam _____

History _____



Comments _____

VEIN	NORMAL	CLOT	OCCLUDED	NOT OCCLUDED
Common Femoral	_____	_____	_____	_____
Superficial Femoral	_____	_____	_____	_____
Greater Saphenous	_____	_____	_____	_____
Deep Femoral	_____	_____	_____	_____
Popliteal	_____	_____	_____	_____
Posterior Tibial	_____	_____	_____	_____

Sonographer _____