



THUMB REGION

1100 S. Van Dyke • Bad Axe, Michigan 48413

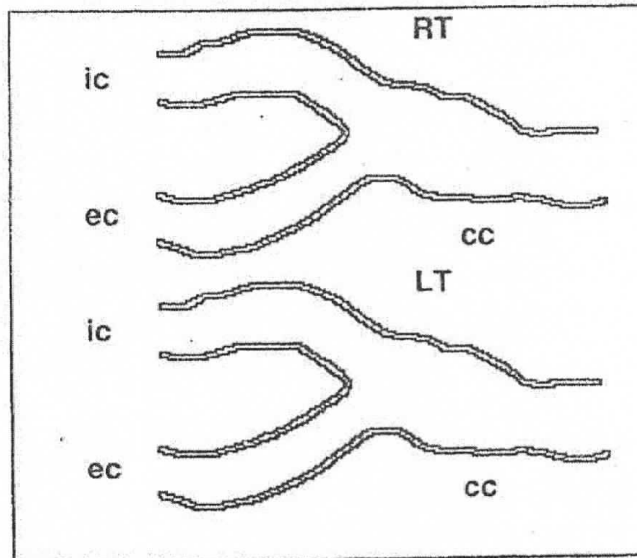
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CAROTID DOPPLER EVALUATION

Name: _____ Age: _____ Date: _____

Doctor: _____ Reason for Exam: _____

Comments: _____



RIGHT:				LEFT:			
	cm/sec	stenosis	plaque		cm/sec	stenosis	plaque
CCA	_____	_____	_____	CCA	_____	_____	_____
BCAA	_____	_____	_____	BCAA	_____	_____	_____
ICA	_____	_____	_____	ICA	_____	_____	_____
ECA	_____	_____	_____	ECA	_____	_____	_____
VA	_____	RATIO	_____	VA	_____	RATIO	_____