

Date: _____ MR # _____

Follow-up to: _____

Name: _____

 History Family History:

Physician: _____

 Diabetes:

Previous Exam: _____

 Smoking:

Indications: _____

 Hypertension:

Comments: _____

 High Cholesterol:

 Amaurosis Fugax:

 TIA:

 CVA:

 Altered State Consc:

 Cervical Bruit:

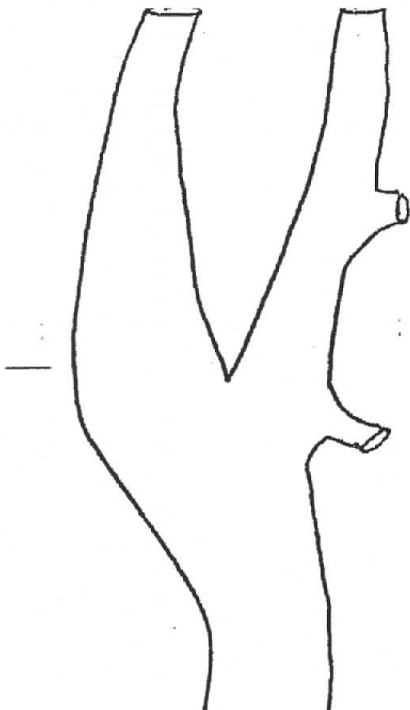
 Pulsatile Mass:

 Heart Problems/Surgery

 Dizziness/Syncope

 Slurred Speech

Percent Diameter Reduction	End Diastolic Velocity (cm/s)	Peak Systolic Velocity (cm/s)	Peak Systolic ICA/CCA ratio	End Diastolic ICA/CCA ratio
< 50%	< 40	≤ 125	< 2	≤ 2.5
50 - 59%	< 60	> 125	≥ 2, < 3.5	≤ 2.5
60 - 69%	< 80	> 125	≥ 3.5, < 4	> 2.5
70 - 79%	≤ 120	> 230	≥ 4	> 3.5
80 - 99%	> 140	> 325	> 4	> 5



	R	L
ICA/CCA PSV Ratio	_____	_____
ICA Est. % Stenosis	_____	_____

VERTEBRAL ARTERIES

Peak Systolic Velocity _____