

VASCULAR LABORATORY WORKSHEET ARTERIAL IMAGING – UE *right*

Date: _____

#: _____

Name: _____

Birthdate: _____

Physician: _____

Previous Exam: _____

Indications: _____

Diabetes: Claudication:

Smoking: Numbness/Paresthesis

Hypertension: Gangrene:

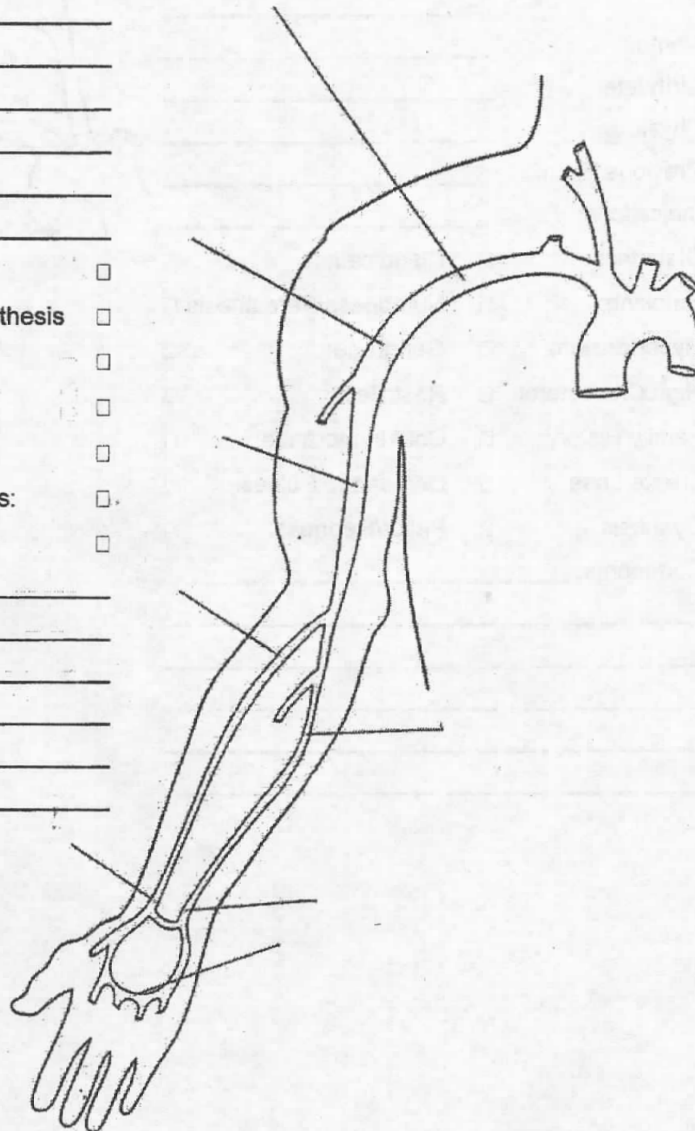
High Cholesterol: Rest Pain:

Family History: Cold Intolerance:

Tissue Loss: Decreased Pulses:

Cyanosis: Pallor/Redness:

Comments: _____



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