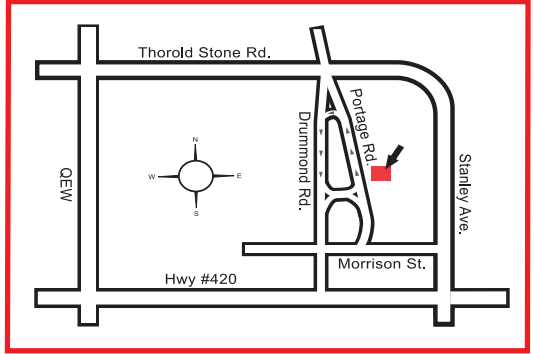




NIAGARA VASCULAR LABORATORY

4256 PORTAGE RD #101,
NIAGARA FALLS, ON.
L2E 6A4

TEL: (905) 356-3500
FAX: (905) 356-3502



NAME.: _____ D.O.B. _____

TEL.: _____ DATE _____

REQUEST FOR ASSESSMENT

PERIPHERAL ARTERIAL

- CAROTIDS
- LOWER EXTREMITY
(Incl. Aorta, ABI, TBI)
- UPPER EXTREMITY

- CLINICAL CONSULTATION
WITH A SURGEON**

- OTHER** _____

PERIPHERAL VENOUS

- LOWER EXTREMITY
(Incl. IVC)
- UPPER EXTREMITY
- VENOUS MAPPING

- AV DIALYSIS GRAFT EXAM**

Clinical Information _____

Referring Doctor _____ Billing # _____

Appointment Time _____