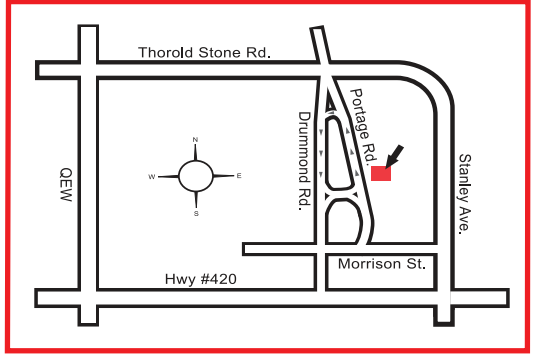




NIAGARA VASCULAR LABORATORY

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, R/O AAA)
- UPPER EXTREMITY

**CLINICAL CONSULTATION
WITH A SURGEON**

OTHER _____

PERIPHERAL VENOUS

- LOWER EXTREMITY
(Incl. R/O DVT, IVC, Calf veins)
- UPPER EXTREMITY
- VENOUS MAPPING

AV DIALYSIS GRAFT EXAM

Clinical Information _____

Appointment Time _____

Referring Doctor: _____ Billing #: _____

Clinic: _____ Ph: _____ Fax: _____