

Canadian Vascular Laboratories



- | | | |
|---|--|--|
| <input type="checkbox"/> Newmarket
535 Mulock Dr.
Suite 300
L3Y 5H2
T: 905-953-9044
F: 905-954-1113 | <input type="checkbox"/> Markham
5293 Highway 7 East
Suite 209
L3P 7M7
T: 289-301-6622
F: 289-301-6621 | <input type="checkbox"/> Toronto
4949 Bathurst St.
Suite 210
M2R 1Y1
T: 416-221-9001
F: 416-221-0094 |
|---|--|--|

Name: _____

VASCULAR DOPPLER

- | | |
|--|---|
| <input type="checkbox"/> Leg Venous Doppler:
Rule out DVT ONLY | <input type="checkbox"/> Carotid Duplex |
| <input type="checkbox"/> Leg Venous Doppler:
Assess Insufficiency
and Thrombosis | <input type="checkbox"/> Echo |
| <input type="checkbox"/> Leg Arterial Doppler | <input type="checkbox"/> Diabetic Foot Screening
(Risk Assessment) |
| <input type="checkbox"/> Arm Arterial Doppler | <input type="checkbox"/> Vascular Screening
(Carotid, Aorta, & Legs) |
| <input type="checkbox"/> Arm Venous Doppler | <input type="checkbox"/> Aorta |
| | <input type="checkbox"/> Consult if Abnormal |

Clinical Information:

Physician Name & Billing No.

Date Ordered

Physician Signature

CC

PLEASE SEE MAP AND PREPARATIONS ON REVERSE

*This requisition form can be taken to any licensed facility providing
healthcare services including hospitals and IHF's*



Canadian Vascular Laboratories



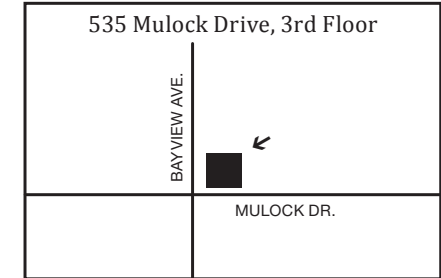
NEWMARKET

535 Mulock Drive, 3rd Floor

Newmarket

T: 905-953-9044

F: 905-954-1113



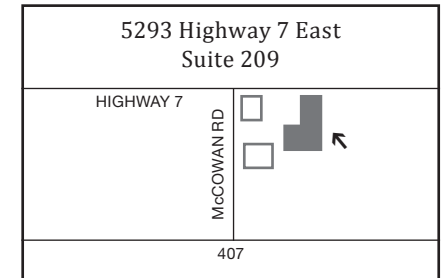
MARKHAM

5293 Highway 7 East
Suite 209

Markham

T: 289-301-6622

F: 289-301-6621



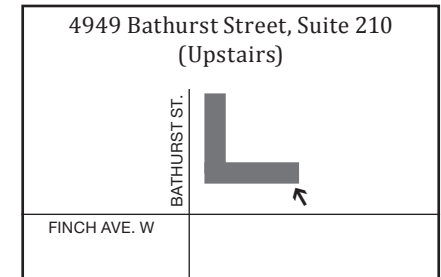
TORONTO

4949 Bathurst Street, Suite 210
(Upstairs)

Toronto

T: 416-221-9001

F: 416-221-0094



Aorta Study: Nothing to eat or drink after midnight. Medication may be taken with a sip of water.

All Other Studies: No preparation required.