

McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B, Flint, MI 48532
VENOUS DUPLEX ULTRASOUND EVALUATION ARMS

Date: _____ / _____ / _____

Name: _____

Age: _____ Ref. M.D.: _____ Tech: _____

Previous Duplex _____ at _____ on _____ Venogram _____ at _____ on _____

Chief complaint: _____

History:

- Phlebitis Yes No
- Trauma Yes No
- Edema Yes No
- Vein Surgery Yes No
- Varices Yes No
- Malignancy Yes No

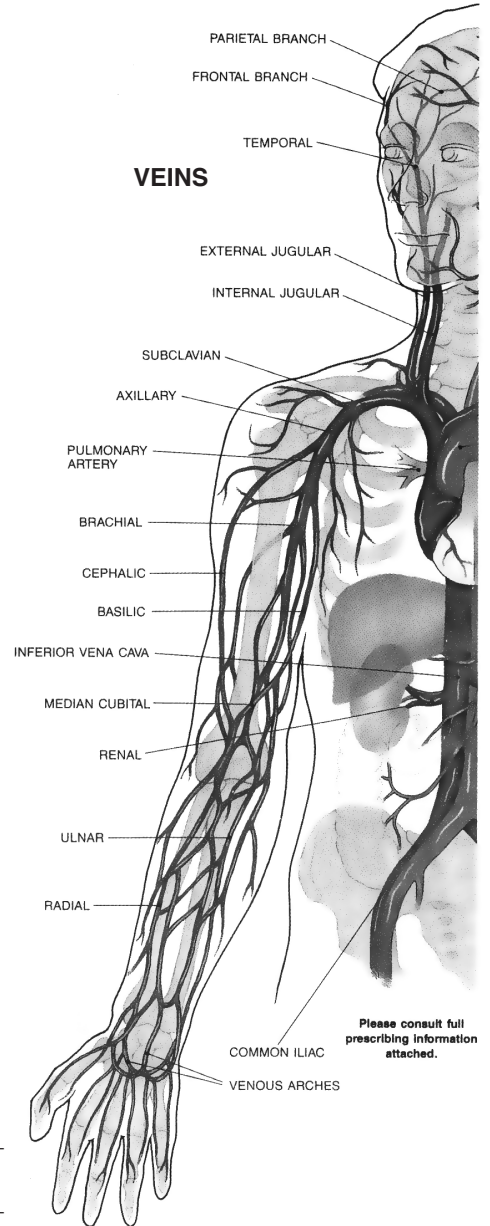
Physical Examination:

- Edema Yes No
- Tenderness Yes No
- Ulcer Yes No
- Varices Yes No
- Prominent Veins Yes No
- Skin Color Yes No

Duplex:

Veins	Compressibility	Spontaneous VS	Augmented VS	Valve Competence
Subclavian				
Axillary				
Brachial				
Radial				
Ulnar				

Comments:



PT.

MR.#/RM.

DR.