

LOWER EXTREMITY ARTERIAL WORKSHEET

Name: _____ Date: ____/____/____ ID: _____

DOB: ____/____/____ Age: ____ Sex: M / F Referring Physician: _____

Indications: _____ Tech: _____

Height: _____ Weight: _____

RIGHT:

CFA: _____ cm/s
Tri/Bi/Mono

SFA: _____ cm/s

Tri/Bi/Mono

PFA: _____ cm/s

Tri/Bi/Mono

POP: _____ cm/s

Tri/Bi/Mono

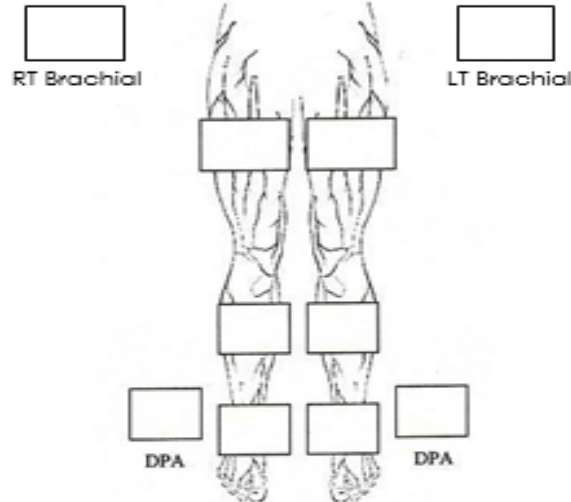
PTA: _____ cm/s

Tri/Bi/Mono

DPA: _____ cm/s

Tri/Bi/Mono

Blood Pressures



LEFT:

CFA: _____ cm/s
Tri/Bi/Mono

SFA: _____ cm/s

Tri/Bi/Mono

PFA: _____ cm/s

Tri/Bi/Mono

POP: _____ cm/s

Tri/Bi/Mono

PTA: _____ cm/s

Tri/Bi/Mono

DPA: _____ cm/s

Tri/Bi/Mono

RIGHT ABI : _____ LEFT ABI: _____

Post Ex ABI: _____ Post Ex ABI: _____

Comments: _____

