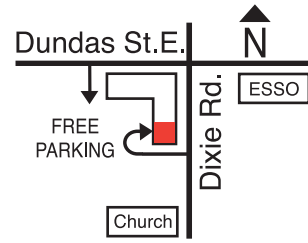




MISSISSAUGA VASCULAR LABORATORY

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- J. Orr** MD, FRCSC - *Vascular Surgery*
- A. Ben Musa** MD, FRCSC - *Cardiac Surgery*
- M. Guirgis** MD, FRCSC - *Vascular Surgery*

PATIENT'S NAME _____ D.O.B. _____

OHIP # _____ TEL# _____

REQUEST FOR ASSESSMENT

PERIPHERAL ARTERIAL

- Carotids
- Lower extremities bilateral
(Incl. Aorta, ABI, TBI)
- Upper extremities bilateral

PERIPHERAL VENOUS

- Lower extremities bilateral
(Incl. IVC)
- Upper extremities bilateral

- CLINICAL CONSULTATION**
- AV DIALYSIS GRAFT EXAM**

Performed at Canadian Vein Institute

OTHER _____

Clinical Information _____

Referring Doctor _____ Billing # _____

Appointment Time _____