IMAGEN

DEEP VENOUS DOPPLER EVALUATION LEGS

Date: Patient Name:

Patient ID#: Accn#: Ordering Provider:

Order Status:

☐ Regular Reason for Exam (Symptoms/Indication): Patient on Anticoagulation?

☐ STAT Choose or Type Choose One

Clinical Observations: ☐ Swelling ☐ Palpable Cord ☐ Redness ☐ Stasis Ulcer ☐ Hx Of DVT

Past Relevant Surgical History: Choose or Type

Past Relevant Medical History: Choose or Type

Previous Exams & Dates:

RIGHT LEG							LEFT LEG						
RIGHT LEG	THROMBUS SEEN	NON-Compressable or Partial	CONTINOUS FLOW-*Abnormal*	PHASIC FLOW	COMPRESSED COMPLETELY		THROMBUS SEEN	NON-Compressable or Patrial	CONTINOUS FLOW-*Abnormal*	PHASIC FLOW	COMPRESSED COMPLETELY	LEFT LEG
CFV	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**CFV**
CFV-GSV Junction	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**CFV-GSV Junction**
PROFV	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**PROFV**
FV - Prox	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**FV - Prox**
FV - Mid	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**FV - Mid**
FV - Distal	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**FV - Distal**
POP Choose	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**POP** Choose
PTV	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**PTV**
PERO V	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	**PERO V**

Additional Comments:

Sonographer Name: Contact Phone Number: