IMAGEN

DEEP VENOUS DOPPLER EVALUATION ARMS

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 ARM							LEFT ARM						
RIGHT ARM	THROMBUS SEEN	NON-Compressable or Partial	CONTINOUS FLOW– Abnormal	PHASIC FLOW	COMPRESSED COMPLETELY		THROMBUS SEEN	NON-Compressable or Partial	CONTINOUS FLOW– Abnormal	PHASIC FLOW	COMPRESSED COMPLETELY	LEFT ARM
IJV	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	IJV
SUBC-V	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	SUBC-V-
AXIL-V	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	AXIL-V
Brach V	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	Brach V
Radial V	☐	☐			☐		☐	☐			☐	Radial V
Ulnar V	☐	☐			☐		☐	☐			☐	Ulnar V
Cephalic V	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	Cephalic V
Basilic V	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	Basilic V
	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	

PRESENT ☑ ABSENT or NOT VISUALIZED ☐

Additional Comments:

Sonographer Name: Contact Phone Number: