

Ultrasound VENOUS INSUFFICIENCY WORKSHEET

Patient Name:	
DOB	
Accession #	
Date of exam	
Previous surgery or treatment	
Medical history	
CEAP Classification	C1 C2 C3 C4a C4b C5 C6

RIGHT

GSV reflux _____ sec
 AAGSV reflux _____ sec
 _____ reflux _____ sec

LEFT

GSV reflux _____ sec
 AAGSV reflux _____ sec
 _____ reflux _____ sec

SSV reflux _____ sec
 VOG reflux _____ sec

SSV reflux _____ sec
 VOG reflux _____ sec

