

Limited ABI WORKSHEET

Patient Name:	
DOB	
Accession #	
Date of exam	
Previous surgery or treatment	
Medical history	
Tech notes	

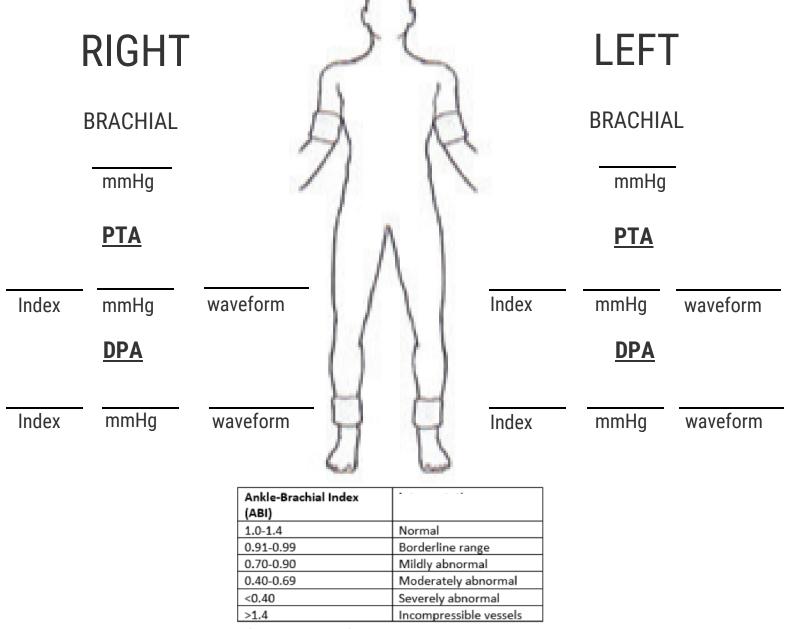


Chart from The Society of Vascular Medicine