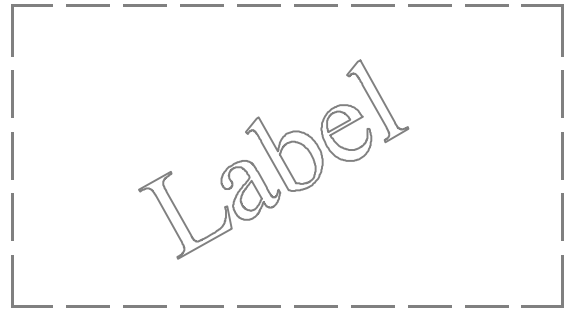
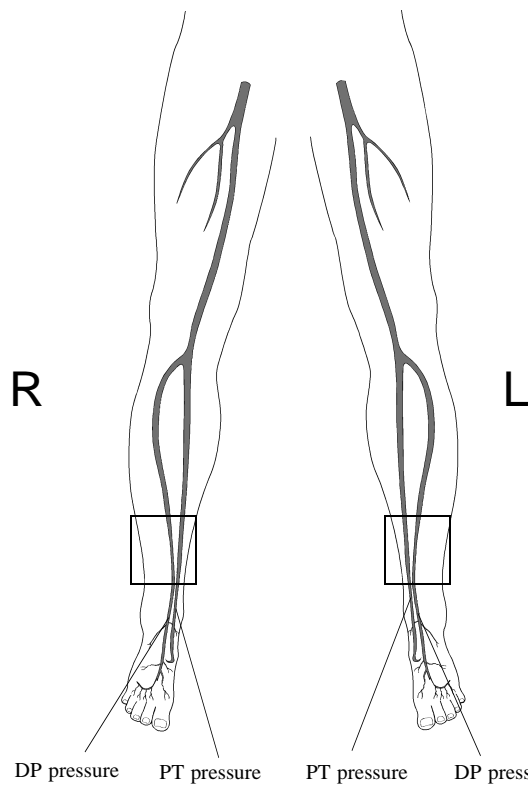


Vascular Assessment



Doppler test

Arm systolic pressure.....



	DP pressure	PT pressure	PT pressure	DP pressure
ABPI				

Assessing Clinician.....Date.....