

[claimant name]

[case_id#]

[case_owner_desk_name]

INSTRUCTIONS FOR RESTING ARTERIAL FLOW DOPPLER TESTING

(Complete and Return WITH Report)

DOPPLER PROTOCOL

Systolic Pressures

Brachial	Right	Left
Systolic Pressure		

	Right Systolic Pressure	Left Systolic Pressure
Posterior Tibial		
Dorsalis Pedis		

Ankle/Brachial Ratio: (Use the higher ankle reading from each leg divided by the higher brachial reading.)

$\frac{\text{Higher Ankle Pressure}}{\text{Higher Brachial Pressure}} = \text{Ankle/Brachial Ratio}$

Ankle/Brachial	Right	Left
Ratio		

Please send Doppler pulse wave tracings.

Technician's Signature _____ Date _____