

[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 \_\_\_\_\_