## INSTRUCTIONS FOR ARTERIAL FLOW DOPPLER TESTING INCLUDING TOE\* Complete and Return WITH Report

## **DOPPLER PROTOCOL**

Systolic Pressures			
	15		
Brachial Systolic Pressure	Right	Left	
	Right Systolic Press	ure Left Systolic P	Pressure
Posterior Tibial	Trigin Cyclone 1 1000	Lort Cyclone 1	1000010
Dorsalis Pedis			
Great Toe*			
f the claimant is m	issing one or both gre	eat toes, please indicate w	which toes were used:
Ankle/Brachial Rat reading.) <u>Higher Ankle Press</u> Higher Brachial Pre	sure = Ankle/E	kle reading from each leg Brachial Ratio	g divided by the higher brachial
Ankle/Brachial	Right	Left	
Ratio			
Toe/Brachial*	Dight	Left	
Ratio	Right	Leit	
Please send Do	ppler pulse wave t	racings.	
Technician Signature			Date

<sup>\*(</sup>If the patient is diagnosed with diabetes mellitus or other small vessel disease, please obtain resting toe systolic blood pressures and/or resting toe/brachial systolic blood ratio.)