

[claimant name]

[case_id#]

[case_owner_desk_name]

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

DOPPLER PROTOCOL

Systolic Pressures

Brachial	Right	Left
Systolic Pressure		

	Right Systolic Pressure	Left Systolic Pressure
Posterior Tibial		
Dorsalis Pedis		
Great Toe*		

If the claimant is missing one or both great toes, please indicate which toes were used:

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		

Toe/Brachial*	Right	Left
Ratio		

Please send Doppler pulse wave tracings.

Technician Signature

Date

***(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.)**