

[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 _____