

Patient Name: _____

Previous exam: _____

Date of birth: _____ Technologist: _____

UPPER EXTREMITY VENOUS ULTRASOUND WORKSHEET

Ordering Physician: _____

Clinical Info: _____

Upper Arm / Neck

Comments:

Internal Jugular: Normal Thrombosed

Subclavian: Normal Thrombosed

Axillary: Normal Thrombosed

Brachial: Normal Thrombosed

Cephalic: Normal Thrombosed

Basilic: Normal Thrombosed

Lower Arm:

Radial: Normal Thrombosed

Ulnar: Normal Thrombosed

Cephalic: Normal Thrombosed

Basilic: Normal Thrombosed

Other comments: _____

Routine, no immediate call back necessary

Call report to: _____ *Number or Pager:* _____