



Blackrock Clinic

**VASCULAR LABORATORY**

**Telephone : 1800 300 200**

BLACKROCK CLINIC VASCULAR HEALTH,  
EXCELLENCE IN TECHNOLOGY, CARE & EXPERTISE

Name \_\_\_\_\_

Room No.  Clinic  Ext

Address \_\_\_\_\_

Portable  Chair Stretcher

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Walking  Previous Scan

**Investigation required :**

Carotid Duplex  Arterial Duplex

Venous  DVT  Initial

Varicose vein  AAA

Follow Up

ABI's:  With Threadmill  EVAR Assessment

Without Threadmill  AV Fistula

**Other :**

**Clinical Note :**

Date \_\_\_\_\_ Doctor's signature \_\_\_\_\_