VEIN SOLUTIONS

POWERED BY **GEORGIAN RADIOLOGY CONSULTANTS**

GEORGIANRADIOLOGY.COM
BOOKING PHONE: 705 726 7442
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PATIENT INFORMATION

DATE: _____ M / F DOB: _____

NAME: _____ PHONE: _____

OHIP: _____

DIAGNOSIS: _____ NUMBER OF REFILLS: _____

_____

COMPRESSION (mmHg)

☐ 20-30 ☐ 30-40 ☐ 40-50 ☐ 50-60

LENGTH

☐ CALF ☐ THIGH ☐ PANTYHOSE

DONNING DEVICE: ☐ Yes ☐ No

☐ VASCULAR AND INTERVENTIONAL THERAPIES (VIT) CONSULT

PRACTITIONER INFORMATION

SIGNATURE _____ LICENSE NUMBER _____

PRINTED NAME _____ PHONE _____

FAX _____