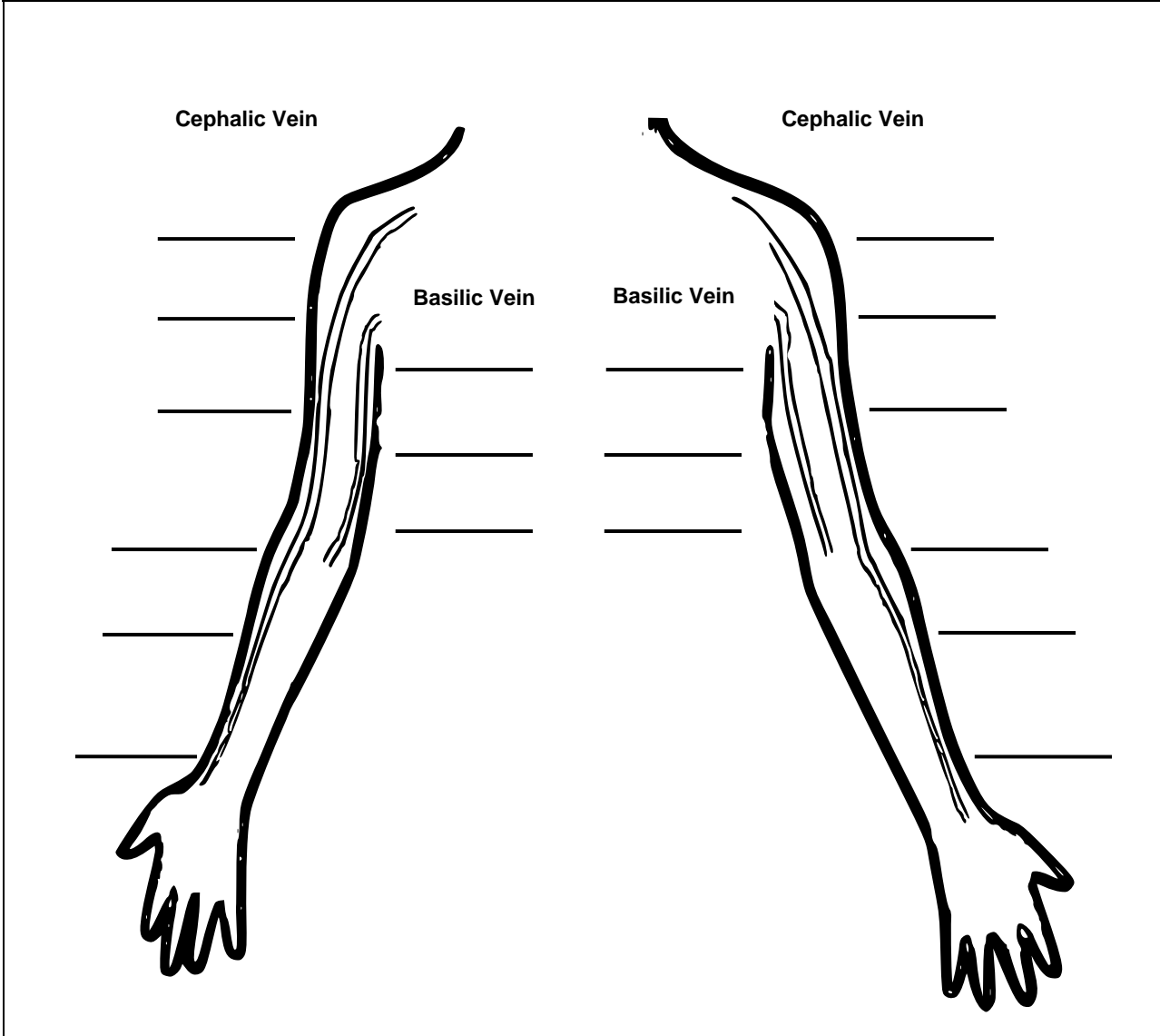


# Upper Extremity Vein Mapping Ultrasound Worksheet

Patient Name	Date of Exam
--------------	--------------

History
---------

RIGHT		LEFT	
Cephalic Vein	Flow present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cephalic Vein	Flow present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Basilic Vein	Flow present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Basilic Vein	Flow present: <input type="checkbox"/> Yes <input type="checkbox"/> No



<b>Sonographer</b>
--------------------