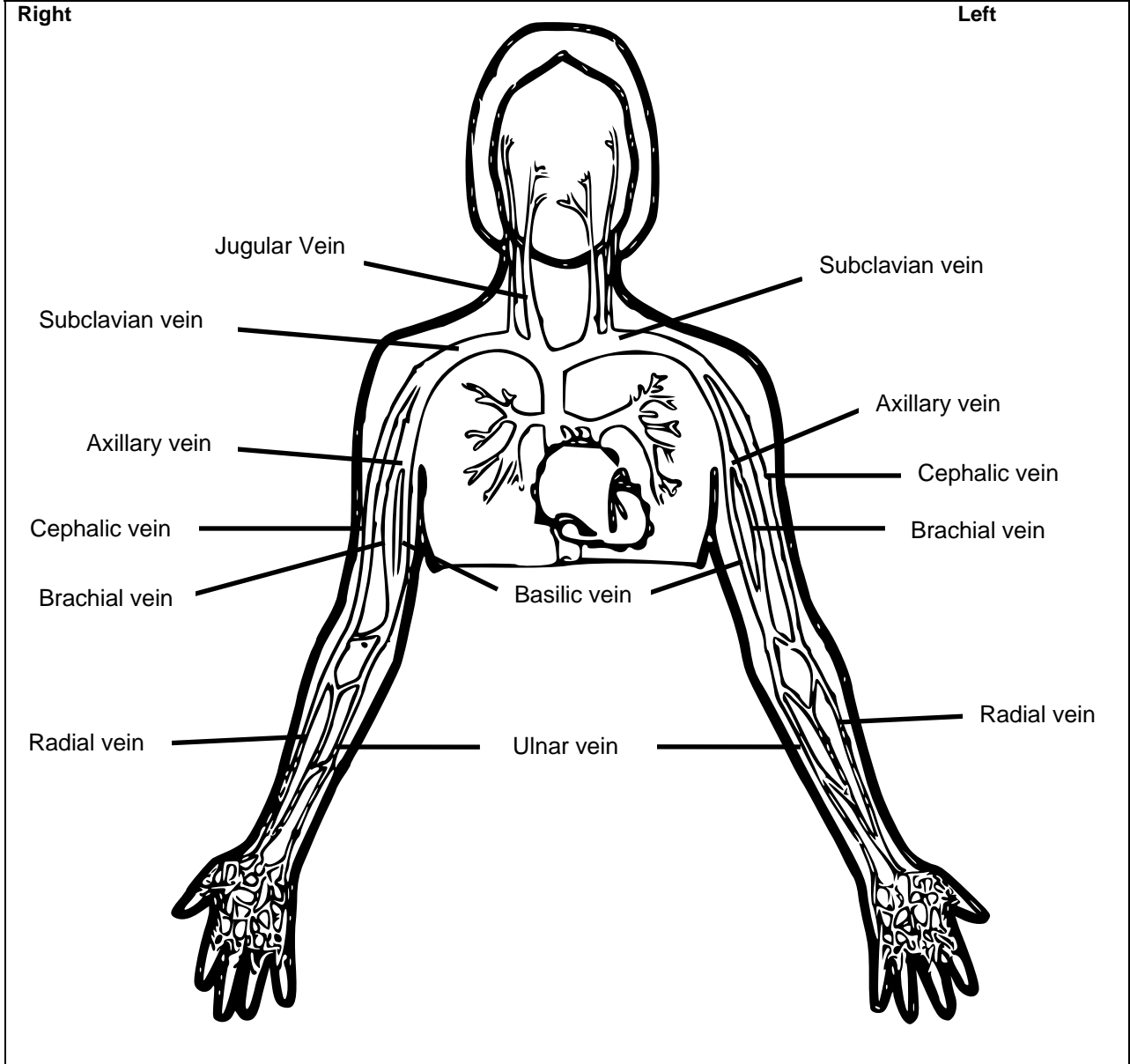


Upper Extremity Venous Doppler Ultrasound

Patient Name	Date of Exam
Patient Complaint	
Past History	



Sonographer