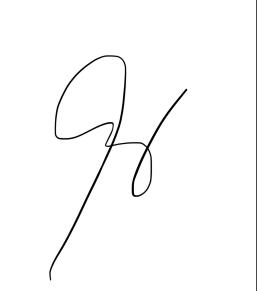
|  |  |  |
| --- | --- | --- |
|  |  | Test Date: |
|  |  | Print Date: |
| Name**:** | Age: | Sex: |
| Address**:**  PTNo: | Physician: | |
| Contact Number: | |
| Clinical Diagnosis: | | |
| Clinical Complaint: | | |

|  |  |  |
| --- | --- | --- |
| **PRESSURES** | **RIGHT** | **LEFT** |
| **BRACHIAL** |  |  |
| **PTA** |  |  |
| **DPA** |  |  |
| **ABI** |  |  |
| **PTA** |  |  |
| **DPA** |  |  |

**FINDINGS:**



**ERWIN JANNINO O. YBAÑEZ, MD, FPCP, FPCC, FPSVM, FPSCCI**

Fellow-Philippine College of Cardiology

Fellow-Philippine College of Physician

Fellow-Philippine Society of Vascular Medicine

Fellow-Philippine Society of Cardiovascular Catheterization and Interventions