

ED outpatient DVT worksheet for next day follow-up

NAME: _____

DATE OF BIRTH: _____

☐ No contraindication to outpatient therapy

Time of Lovenox injection _____

Pt's weight _____ kg Amount of injection _____

Work up _____

Primary care physician _____ Notified? Y___N

Please give instructions to call primary care physician or treat as unassigned if duplex is positive or negative.

If positive for DVT _____

If negative for DVT _____

☐ Vascular Lab voice mail notified (Ext. 3441)

☐ Exam to be done: _____

☐ Patient understands his/her responsibility to report to Vascular Lab between

9:00am-11:00am on _____ date (Must be Monday-Friday)

☐ Diagnosis: _____

ED Provider

Date

*Fax to the Vascular Lab at 6428 and Centralized Scheduling at 8510