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We are committed to informing the community about potential health risks. Our Ultrasound and Vascular Screenings are fast, accurate and available at an Affordable Special Cash Price of \$99

ULTRASOUND & VASCULAR SCREENING CHECK LIST

Patient Name _____

Date: _____

DOB: _____

Sex M F

| | Normal | Abnormal | Comments |
|---|--------|----------|----------|
| Carotid Arteries | | | |
| Thyroid | | | |
| Liver | | | |
| Pancreas | | | |
| Gallbladder | | | |
| Kidneys | | | |
| Spleen | | | |
| Abominal Aorta | | | |
| Pelvis | | | |
| Lower Extremity Arteries (Circulation) | | | |
| Varicose Veins | | | |

**We encourage patients to seek further treatment from their health care provider if it is warranted after our screening.*