



CardioRisk Laboratories

At the Heart of Good Health

♥ DETECT
♥ ASSESS
♥ PREVENT

Lower Extremity Physiologic Study

(Ankle Brachial Index Assessment Form)

Patient Name: LOFTON, COREY

DOB: 3/3/1991

Exam Date: 3/27/2025

Physician Name: Amy Bass

Risk Factors

- | | |
|---|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke / TA |
| <input type="checkbox"/> Current Age: _____ | <input type="checkbox"/> Previous Vasc Surgery |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Previous Breast Surgery |

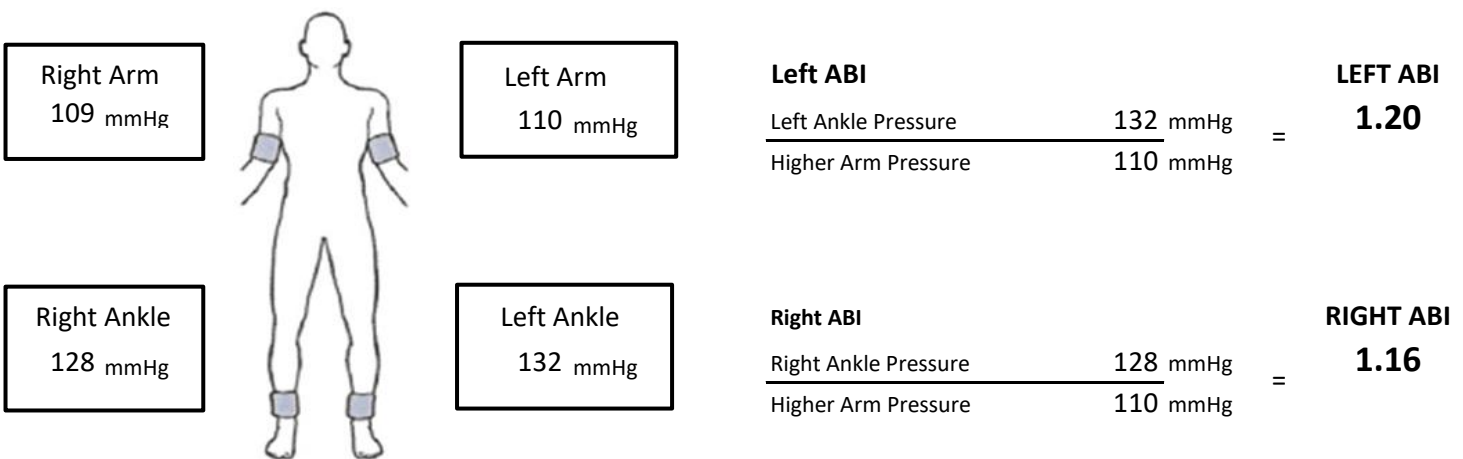
Current Symptoms

- | |
|---|
| <input type="checkbox"/> Intermittent Claudication |
| <input type="checkbox"/> Numbness, tingling in feet |
| <input type="checkbox"/> Ulcerations |
| <input type="checkbox"/> Other: _____ |

ABI / Severity of Disease

0.90 - 1.30 = Normal
0.70 - 0.89 = Mild
0.40 - 0.69 = Moderate
0.00 - 0.39 = Severe

ABI Results



Early Detection of Cardio-Vascular Disease..."before it's too late"

9677 S 700 E, Suite A, Sandy, UT 84070 Toll Free: 888.724.7484 Fax: 801.858.4512 www.cardiorisk.us

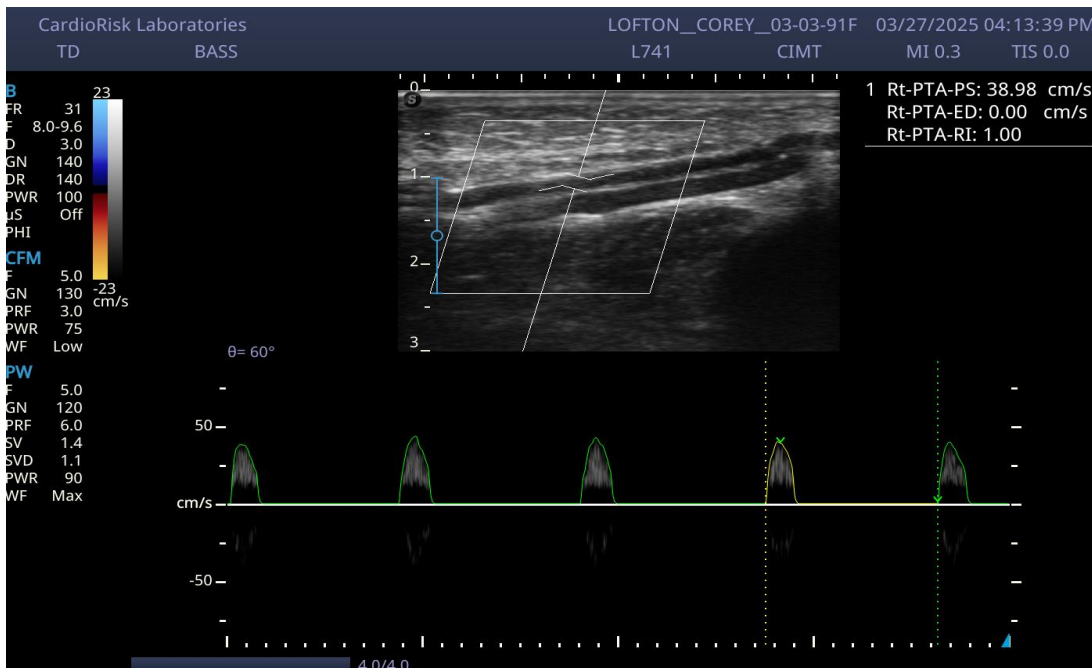
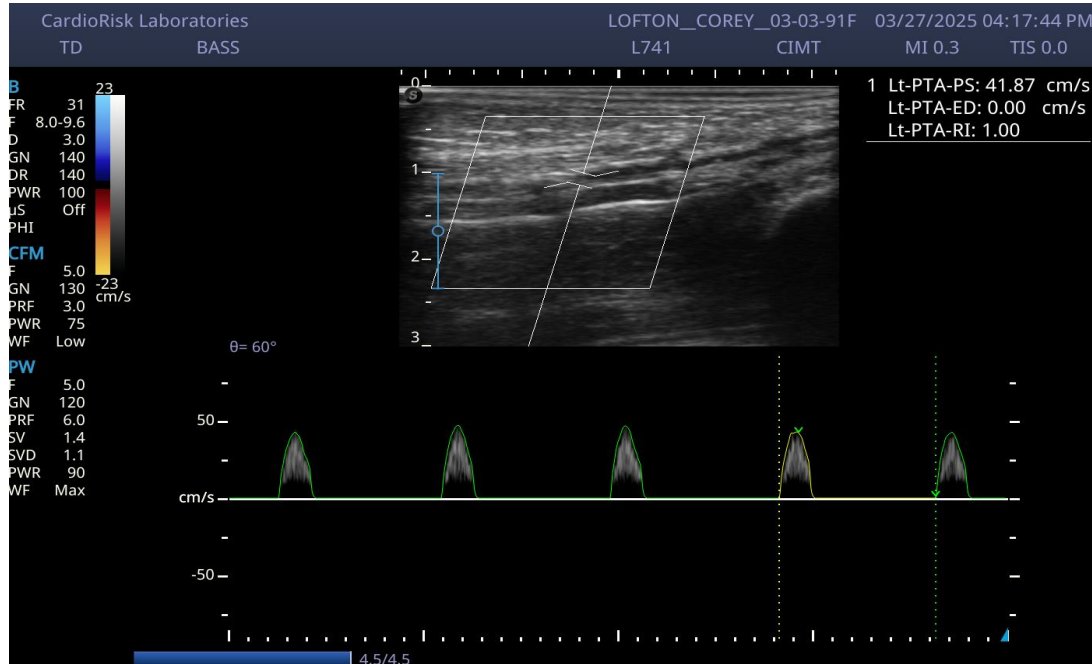




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