

# UPPER LIMB VENOUS ULTRASOUND

Name: .....

Sonographer: .....

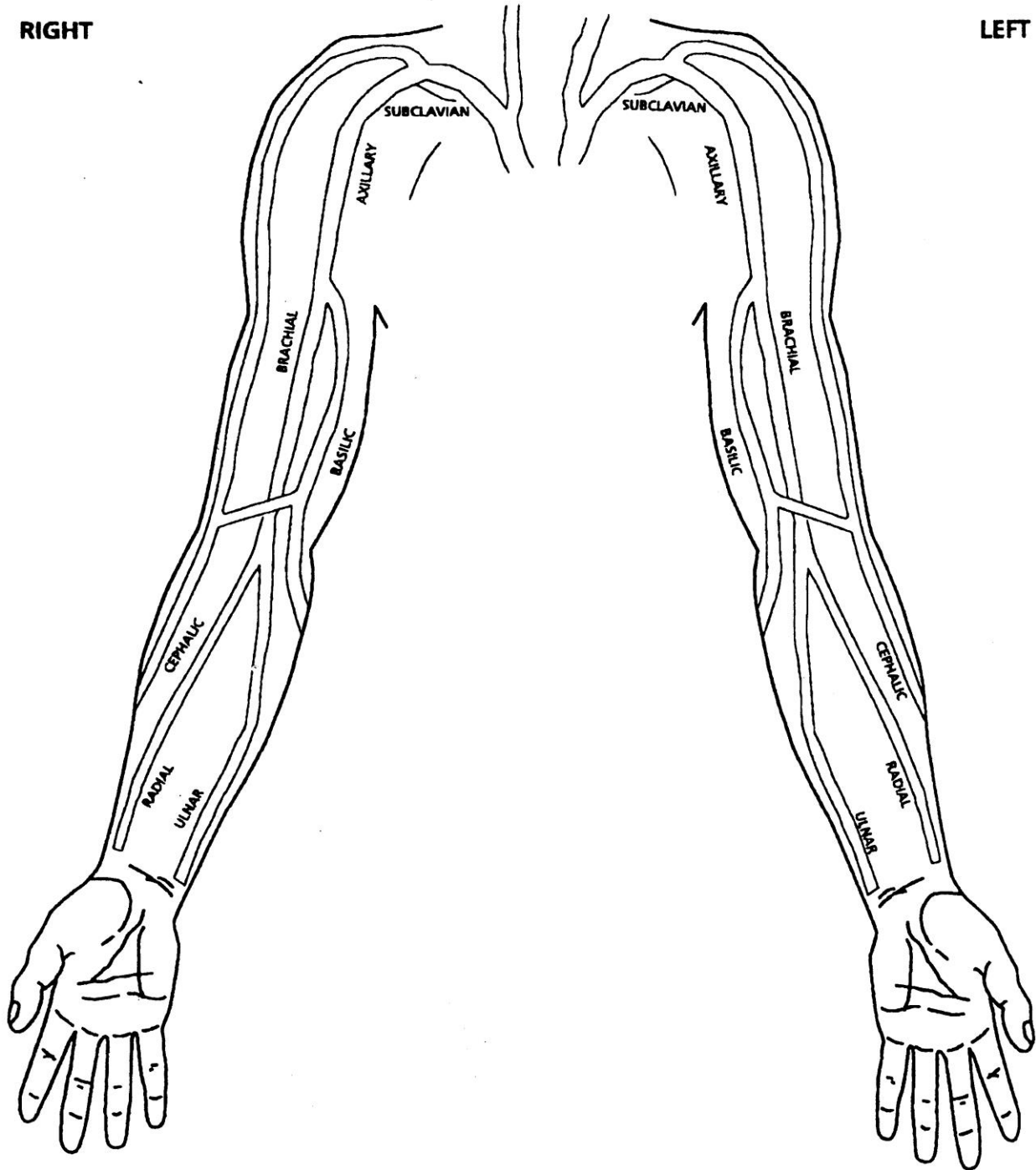
Relevant clinical history:.....

.....

.....

**RIGHT**

**LEFT**



Comments:.....

.....

.....

.....