

Ultrasound Test

Patient Information

Name:

Date of Birth:

Medical Record Number:

Referring Physician:

Clinical History

Preparation

Patient Preparation:

Ultrasound Examination Details

Type of Ultrasound Exam:

Abdominal:

Pelvic:

Obstetric:

Vascular:

Musculoskeletal:

Other (specify):

Probe Used:

Linear:

Convex:

Transvaginal:

Doppler (if applicable):

Anatomy / Region of Interest:

Abdomen:

Liver:

Gallbladder:

Kidneys:

Bladder:

Uterus:

Ovaries:

Vascular Structures:

Other (specify):

Imaging Protocol**Findings**

Preliminary Findings:

Final Interpretation:

Recommendations**Conclusion****Technologist / Physician Signature**

Name:

Credentials:

Date:

Quality Assurance