US BREAST

DATE: ____/___/______
TECH:________________
ID #: __________________

UPDATED 9/29/25 - EA

PATIENT NAME: _____________________________ **DOB:**______/_____/_______ **SEX:** M / F

ACUTE HX (location, duration, severity) **:**

____

____

CHRONIC HX: ____________________

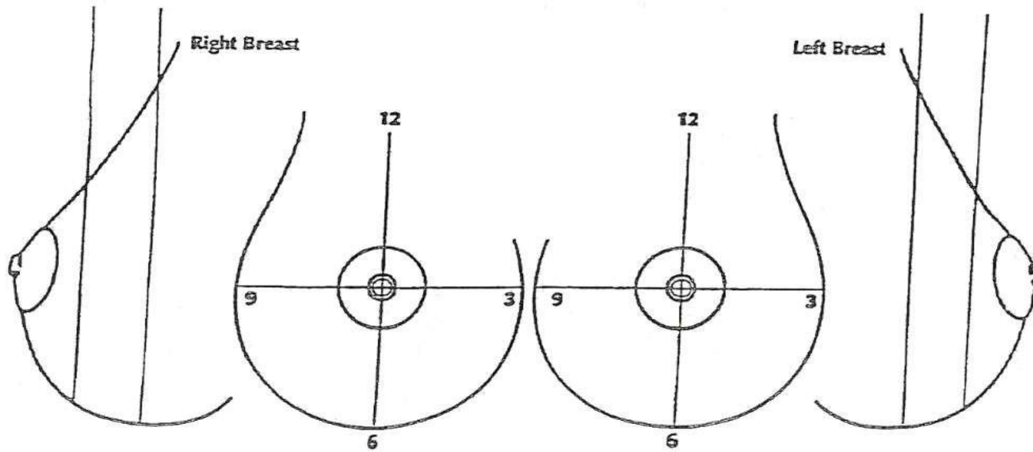
Diabetes HTN COPD CH DV

ETOH Smoking Obesity Renal failure

Surgeries:________________________________

COMPARISON: YES · NO **DATE:** ______________________

Diagnostic Workup	Focal Breast Pain	Nipple Discharge	Skin Retraction	Personal Hx of Breast Ca
Palpable Abnormality		Nipple Inversion	Skin Thickening	Family Hx of Breast Ca



RIGHT BREAST/AXILLA

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LEFT BREAST/AXILLA

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Tech Summary: ______________________________________

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