

US CHEST

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

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

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

CHEST	LEFT	RIGHT	BILATERAL
EFFUSION	NONE	MILD MODERATE LARGE	
OTHER			

Tech Summary:

