MISCELLANEOUS US WORKSHEET

DATE: _____/_____/_____

TECH:_____

ID #: _____

UPDATED 11/17/25 -EA

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

ANATOMY/REGION EVALUATED: _____

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

_____

_____

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries:_____

CLINICAL INDICATION:

PRIOR: _____ **DATE /** NONE

ULTRASOUND FINDINGS:

Tech Summary: _____

_____