

US SOFT TISSUE

DATE: ____/____/____

TECH: _____

ID #: _____

PATIENT NAME: _____

DOB: ____/____/____

SEX: M / F

ACUTE HX (location, duration, severity) :

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CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

IMAGED LOCATION		
	Normal	Abnormal
OTHER		

Tech Summary:

