

**BROWN-FOLSE PACS, LLC  
BREAST ULTRASOUND INFORMATION SHEET**

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_

PT # \_\_\_\_\_ DOB \_\_\_\_\_

EXAM \_\_\_\_\_

HX/DX \_\_\_\_\_



RIGHT: \_\_\_\_\_

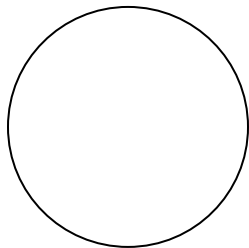
\_\_\_\_\_

\_\_\_\_\_

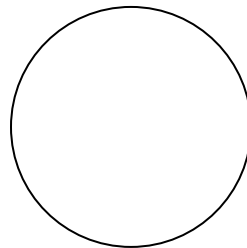
LEFT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



RIGHT



LEFT

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

SONOGRAPHER \_\_\_\_\_