

BROWN-FOLSE PACS, LLC
ULTRASOUND OBSTETRICS-EARLY GESTATION

PATIENT _____ DATE _____

PT # _____ DOB _____

HISTORY/SYMPTOMS _____

LMP ___/___/_____ EDD ___/___/_____

GRAVA _____ PARA _____

CRL IDENTIFIED _____

RIGHT OVARY _____CM LEFT OVARY _____CM

GEST SAC FREE FLUIDS _____ MASSES _____

ADNEXA FREE FLUIDS _____ MASSES _____

PRESENTATION TRANS _____ CEPHALIC _____ BREECH _____

PLACENTA ANT _____ POST _____ PREVIA _____

FETAL HEART SEEN _____NO _____YES _____BPM

ESTIMATED DUE DATE (FROM TODAY) ___/___/_____

ESTIMATED FETAL AGE _____WEEKS _____DAYS

COMMENTS: _____

SONOGRAPHER: _____