

**BROWN-FOLSE PACS, LLC  
ULTRASOUND OBSTETRICS**

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

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

---

HISTORY/SYMPTOMS \_\_\_\_\_

---

LMP \_\_\_\_/\_\_\_\_/\_\_\_\_ EDD \_\_\_\_/\_\_\_\_/\_\_\_\_

GRAVA \_\_\_\_ PARA \_\_\_\_

CRL IDENTIFIED \_\_\_\_\_

RIGHT OVARY \_\_\_\_\_ CM

LEFT OVARY \_\_\_\_\_ CM

PRESENTATION TRANS \_\_\_\_\_ CEPHALIC \_\_\_\_\_ BREECH \_\_\_\_\_

PLACENTA ANT \_\_\_\_\_ POST \_\_\_\_\_ PREVIA \_\_\_\_\_

FETAL HEART RATE \_\_\_\_\_ BPM

AFI \_\_\_\_\_

ABNORMALITIES/COMMENTS: \_\_\_\_\_

---

SONOGRAPHER: \_\_\_\_\_