

BROWN-FOLSE PACS, LLC
SMALL PARTS ULTRASOUND INFORMATION SHEET

PATIENT _____ DATE _____

PT # _____ DOB _____

EXAM _____

HX/DX _____



THYROID: _____

RIGHT LOBE: _____

LEFT LOBE: _____

TESTICLES: _____

RIGHT: _____

LEFT: _____

OTHER: _____

COMMENTS: _____

SONOGRAPHER _____