❑ McLAREN FLINT
401 S. Ballenger Hwy. • Flint, MI 48532
810-342-2209

❑ McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B • Flint, MI 48532
810-342-4800

ULTRASOUND RENAL WORKSHEET

Patient's Name: _____ Date: _____

Clinical Indication for Exam: _____

Nausea/Vomiting ❑ Fever/Chills ❑ Dysuria ❑ Pain ❑

Hematuria ❑ HTN ❑ Diabetes ❑

Surgery: _____

Previous Exams and Dates: _____

Sonographer Performing Exam: _____

Rt Kidney: _____

_____

_____

_____

_____

Lt Kidney: _____

_____

_____

_____

_____

Bladder: _____

_____

_____

Other: _____

_____

ULTRASOUND RENAL WORKSHEET
M-22057 (7/12)

680b

PT.

MR.#/RM.

DR.