

McLaren Flint
Department of Radiology
Ultrasound Soft Tissue/Axillae/Other

Name: _____ Date: _____

Clinic Indication for exam: _____

Severity: ____/10 Duration: _____

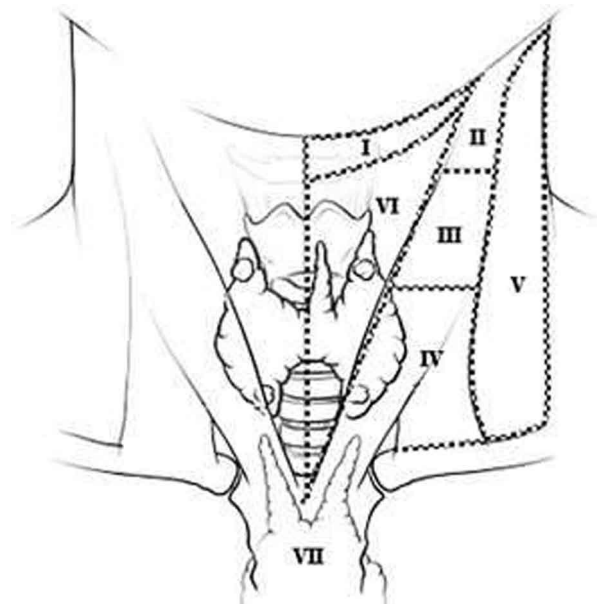
Surgeries _____

Previous Exams and Dates: _____

Location/Site: _____

Findings: _____

Sonographer Performing Exam: _____



PT.

MR.#/PM.

DR.