



THUMB REGION

1100 S. Van Dyke • Bad Axe, Michigan 48413

Pelvic Worksheet

Name _____ Date _____ MR# _____

DOB _____ LMP _____ Gravida _____ Para _____

Indication for Exam _____

Painful Area _____ Hormone replacement therapy _____

Abnormal Bleeding _____

Surgeries _____

Transabdominal Transvaginal

Uterus _____ X _____ X _____ cm

Anteverted Anteфлекed

Retroverted Retroфлекed

Fibroid Location

Submucosal Intramural

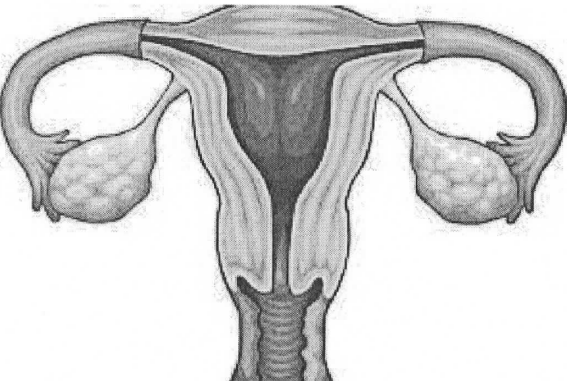
Subserosal Pedunculated

Endometrium _____ mm

Right Ovary _____ X _____ X _____ cm

Left Ovary _____ X _____ X _____ cm

Free Fluid in the Cul-de-sac Yes No



Sonographer _____