



THUMB REGION

1100 S. Van Dyke • Bad Axe • Michigan 48413

Scrotal Worksheet

Name \_\_\_\_\_ Date \_\_\_\_\_ MR# \_\_\_\_\_ DOB \_\_\_\_\_

Reason for Exam \_\_\_\_\_

History \_\_\_\_\_

Right Testicle \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ cm Color Flow/ Doppler Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Right Epididymis \_\_\_\_\_ cm

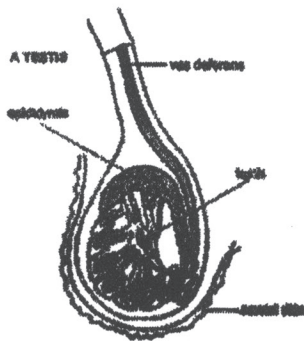
\_\_\_\_\_  
\_\_\_\_\_

Left Testicle \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_ cm Color Flow/ Doppler Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Left Epididymis \_\_\_\_\_ cm

\_\_\_\_\_  
\_\_\_\_\_



Sonographer \_\_\_\_\_