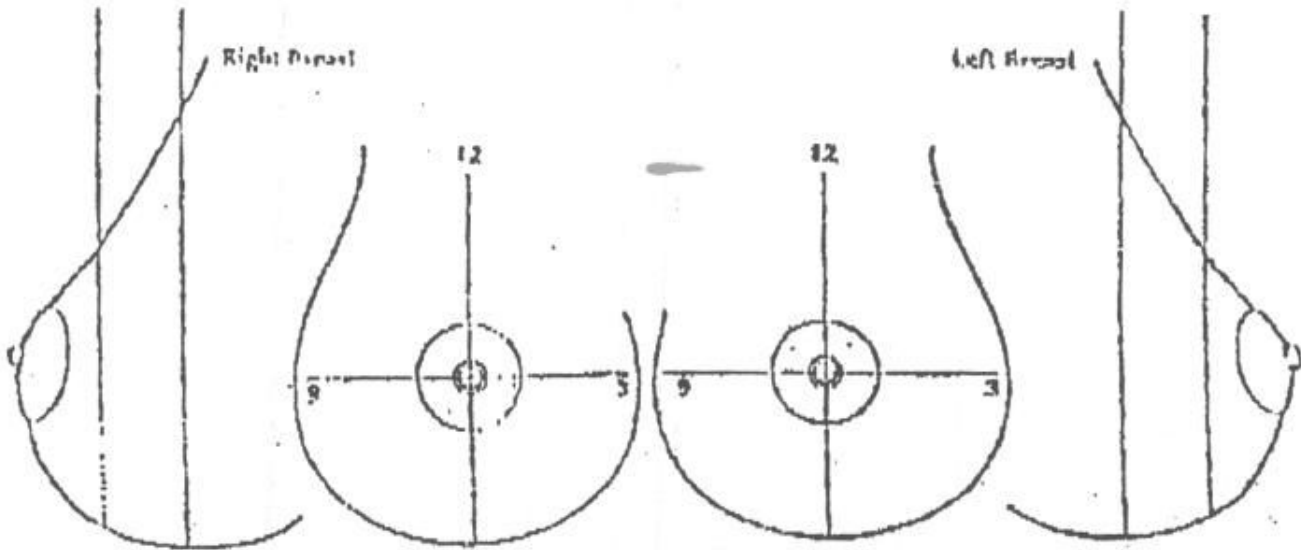


Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

INDICATION: Mass Tenderness Mammo abnormality **PRIOR:** _____
Side: B R L **Site:** UO UI LO LI

(Circle site and sketch basic diagram of findings with measurements.)



IMPRESSION:
