UNITED IMAGING
CONSULTANTS

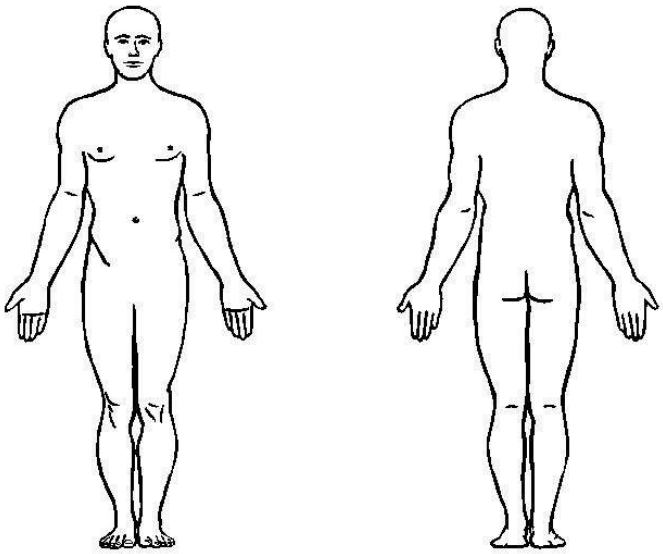
General/Small Parts Ultrasound

Exam Date		Room #	
Tech Name		Tech Phone	
Ordering MD Name		Ordering MD Phone	
Nurse Name		Nurse Phone	

Patient Name	
DOB	
MR#	
(Sticker OR Fill-out)	

Indication for exam and patient history:

(Circle site and sketch basic diagram of findings with measurements. Be unambiguous as to location, anterior/posterior, etc.)



Technologist Impression: