

Pelvic (Other)

Worksheet

[Buttocks, Labia, Perineum or Penis]

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Patient Name: \_\_\_\_\_ MR#: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referring Physician: \_\_\_\_\_ Tech: \_\_\_\_\_

Reason for Study: \_\_\_\_\_

Patient History: \_\_\_\_\_

\_\_\_\_\_

Type of Study:

\_\_\_\_\_

Area Scanned:

Buttocks ☐ Labia ☐ Perineum ☐ Penis ☐

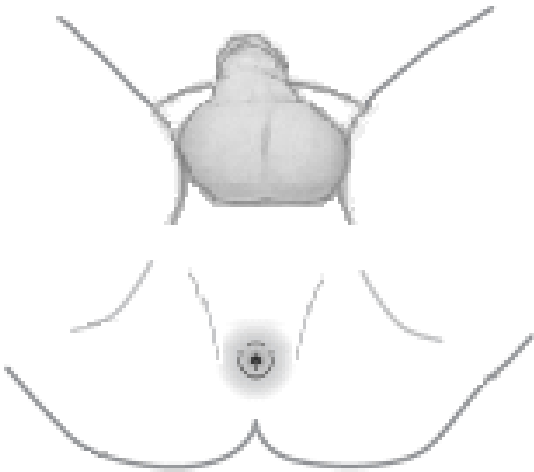
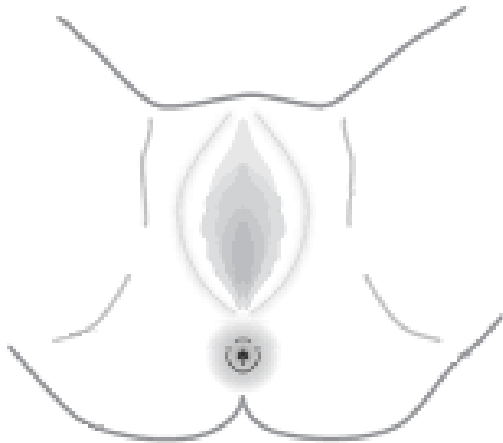
Other ☐: \_\_\_\_\_

Notes:

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Findings:

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Comments: _____
