KVHD
"We Care For You"
Kern Valley Healthcare District
6412 Laurel Ave - Mt. Mesa - P.O. Box 1628, Lake Isabella, CA 93240 - (760) 379-2681 Fax (760) 379-0066

Soft Tissue Ultrasound Worksheet

[Hands]

Patient Name: _____ **MR#:** _____ **Date:** _____/_____/_____

Referring Physician: _____ **Tech:** _____

Reason for Study: _____

Patient History: _____

Type of Study:

Soft Tissue Ultrasound

Area Scanned / Area of Interest:

_____

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Exam Notes / Limitations:

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Findings:

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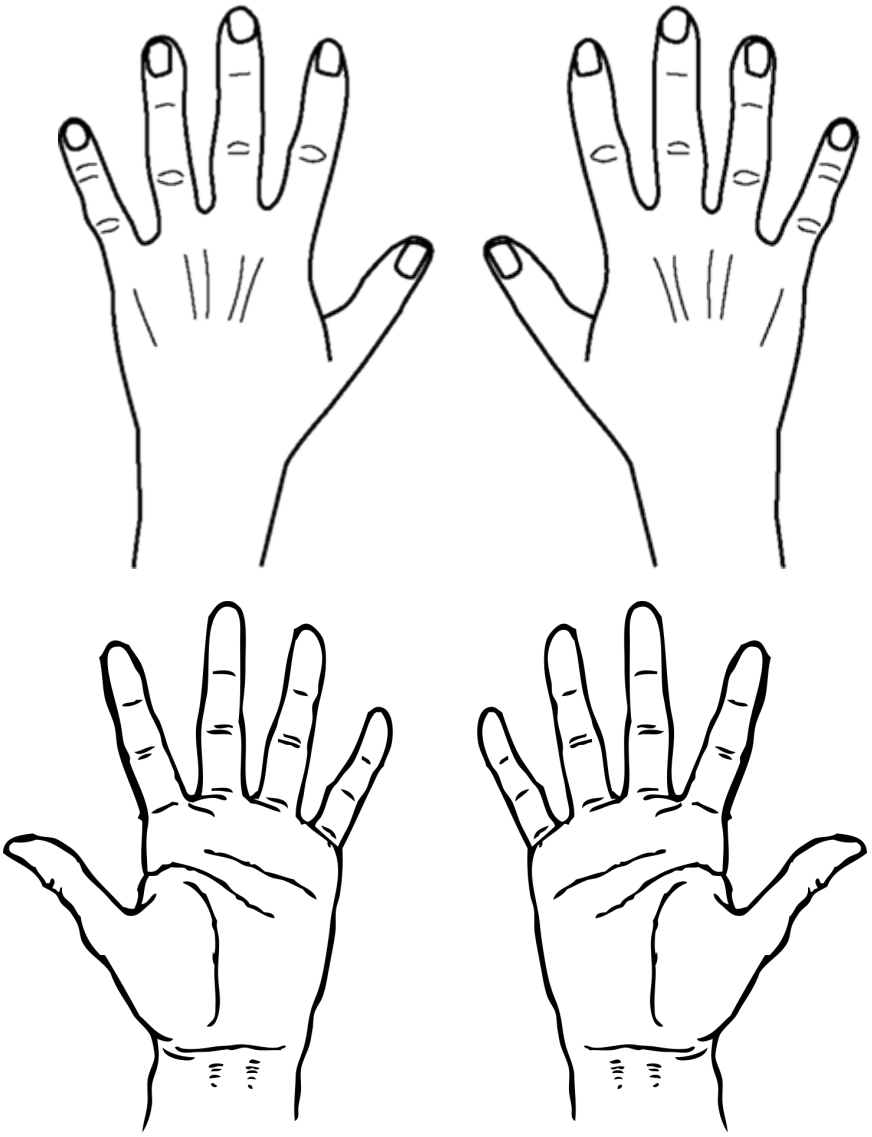

Comments: _____

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