

# Soft Tissue Ultrasound Worksheet

[ Left Side of the Neck ]

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

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

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

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

Type of Study: Soft Tissue Ultrasound

Area Scanned / Area of Interest:

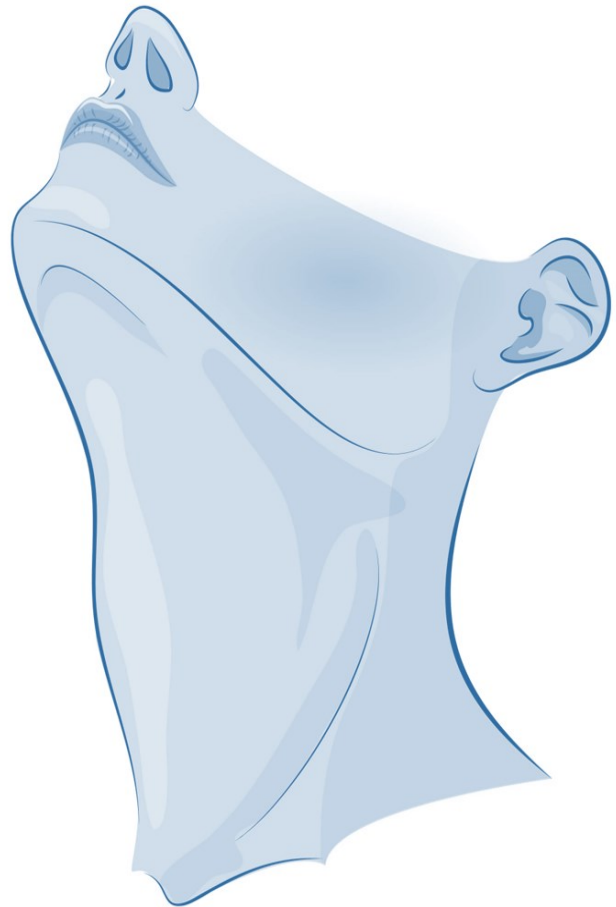
\_\_\_\_\_  
\_\_\_\_\_

Exam Notes / Limitations:

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\_\_\_\_\_

Findings:

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Comments: \_\_\_\_\_

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