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401 S. Ballenger Hwy. • Flint, MI 48532
810-342-2209

McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B • Flint, MI 48532
810-342-4800

**DEPARTMENT OF RADIOLOGY
ULTRASOUND OF THE PELVIS WORKSHEET**

Patient Name: _____ Age: _____ Date: _____ / _____ / _____

Referring Physician: _____ Previous U/S: _____

Working DX: _____ Other Studies: _____

LMP (Normal): _____ Preg Test: _____ + _____ - _____ ? _____

Gravida: _____ Para: _____ Abortion: _____ Birth Control: _____ Hormones: _____

Miscarriage: _____

Previous Surgery: _____

Previous Study Yes No Date: _____

History: _____

Uterus: _____

Rt Ovary: _____

Lt. Ovary: _____

Free Fluid: Yes No

Sonographer: _____



PT.

MR.#/P.M.

DR.