

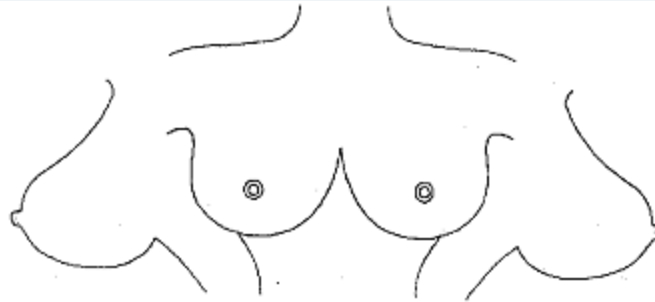
**BREAST ULTRASOUND WORKSHEET**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ ID: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: M / F Referring Physician: \_\_\_\_\_

Indications: \_\_\_\_\_ Tech: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_



**Right Breast:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Left Breast:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Comments:**

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