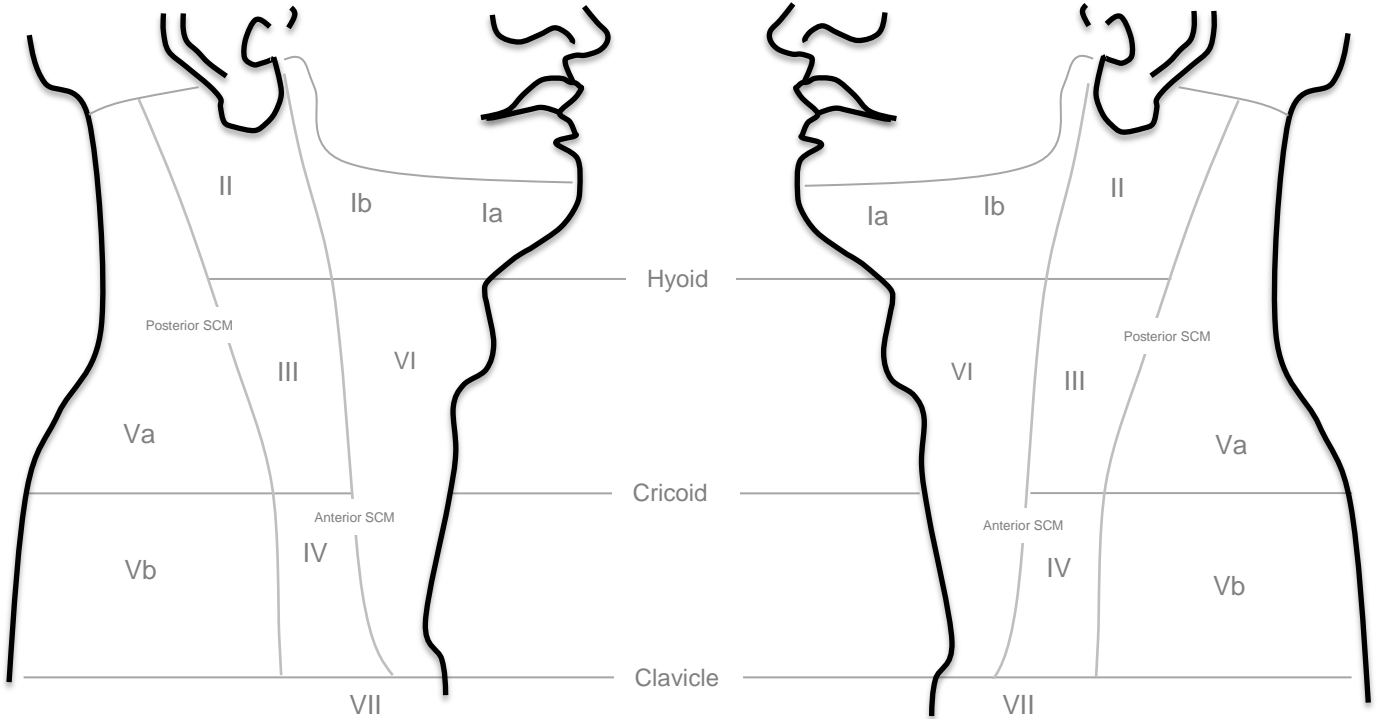


**This is NOT an interpretation of the examination.
See patient dictated report for radiologist findings & impression.**

NECK ULTRASOUND

Patient Name: _____
 ACC#: _____
 MRN#: _____
 DOB: _____
 Ref Physician: _____

Site: _____
 Tech/ext: _____
 Date: _____



Tech comments: _____

Right Neck:

1. _____ N R MC AH Cy
 New Same Changed
2. _____ N R MC AH Cy
 New Same Changed
3. _____ N R MC AH Cy
 New Same Changed
4. _____ N R MC AH Cy
 New Same Changed
5. _____ N R MC AH Cy
 New Same Changed

Left Neck:

1. _____ N R MC AH Cy
 New Same Changed
2. _____ N R MC AH Cy
 New Same Changed
3. _____ N R MC AH Cy
 New Same Changed
4. _____ N R MC AH Cy
 New Same Changed
5. _____ N R MC AH Cy
 New Same Changed