

# Diagnostic Ultrasound Examination

By non-radiologist/radiographer

## Patient Details or Affix Addressogram

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Hospital Number  
Or A&E Number \_\_\_\_\_

## Details of Examination Performed

Date of Scan \_\_\_\_\_ Time of Scan \_\_\_\_\_

Place of Scan \_\_\_\_\_ Type of Scan \_\_\_\_\_

## Ultrasound Result/Findings

Report \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Image taken Yes (electronic)  Yes (printed)  No

Name \_\_\_\_\_

Signed \_\_\_\_\_ Grade \_\_\_\_\_

This proforma should be filed in the patient medical notes  
(or A&E notes if the patient was not admitted)