Ankle And Foot Worksheet

Date of Exam: **Name of Patient:**

Patient ID #: **Accn #:** **Ordering Provider:**

Order Status: ☐ Regular ☐ STAT

Reason for Exam (Symptoms/Indication): Choose One or Type

Past Relevant Surgical History:

Past Relevant Medical History:

Previous Relevant Exams & Dates:

Anterior Ankle

Tibialis Anterior	Choose One
Extensor Hallucis Longus	Choose One
Extensor Digitorum Longus	Choose One
Tibiotalar Ligament	Choose One
Talonavicular ligament	Choose One
Tibionavicular Ligament	Choose One

Medial Ankle

Tibialis Posterior	Choose One
Flexor Hallucis Longus	Choose One
Flexor Digitorum Longus	Choose One

Lateral Ankle

Peroneus Brevis	Choose One
Peroneus Longus	Choose One
Anterior talofibular ligament	Choose One

Posterior

Achilles Tendon	Choose One
Calf	Choose One

Tech Notes:

Sonographer Name: **Contact Phone Number:**