Shoulder Worksheet

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

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

Order Status: ☐ Regular ☐ STAT

Reason for Exam (Symptoms/ Indication):

Past Relevant Surgical History:

Past Relevant Medical History:

Previous Relevant Exams & Dates:

Biceps Tendon	Choose One
Supraspinatus	Choose One
Subcoracoid Area	Choose One
Subscapularis	Choose One
Infraspinatus	Choose One
Teres Minor	Choose One
AC Joint	Choose One

Tech Notes:

Sonographer Name: **Contact Phone Number:**