

Uterine Fibroid Study Medical Record Sonography Form

Medical Record # _____

Date of Birth _____

Appt. Date ____ / ____ / ____
MO DY YR

Data from more than 1 report _____

Study ID#: UFS _____

FOR OFFICE USE ONLY

1. Abdominal U/S Yes₍₁₎ No₍₂₎ 2. Transvaginal U/S Yes₍₁₎ No₍₂₎

2a. Indication: _____

Uterus

3a. Size: Length _____ cm X AP _____ cm X Width _____ cm

3b. Shape: Lobular Yes₍₁₎ No₍₂₎

4. Diffuse heterogeneous pattern? Yes₍₁₎ No₍₂₎

5. Focal fibroids Yes₍₁₎ No₍₂₎

5e. Size of largest fibroid

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Comments: _____