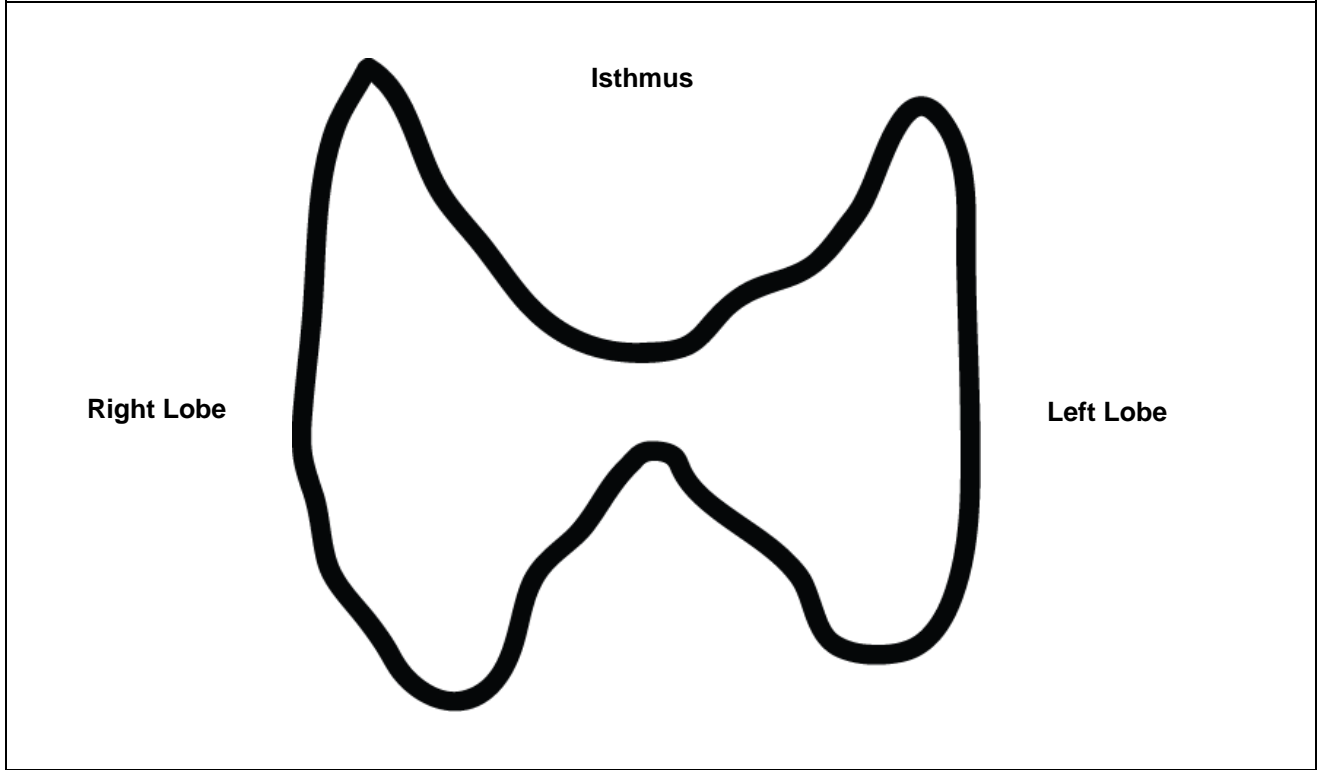


Thyroid Ultrasound

Patient Name	Date of Exam
--------------	--------------

History



R = _____ X _____ X _____ cm
L = _____ X _____ X _____ cm
Isthmus
_____ cm

Sonographer