

Patient Name _____
MRN _____
PATIENT IDENTIFICATION LABEL

Indication:

A focused ultrasound of soft tissue was performed to evaluate for foreign body. The ultrasound was performed with the following indications, as noted in the H&P:

- Soft tissue pain
- Soft tissue swelling
- Soft tissue redness
- Fever
- History of foreign body
- Other indications as noted in the H&P

Identified structures:

Precise location of soft tissue evaluation: _____

Findings: Exam of the above structures revealed the following findings:

Foreign body: Absent Present: Size (cm): _____

Other: _____

Impression:

- Normal limited soft tissue ultrasound, no foreign body
- Successful removal of foreign body in soft tissue
- Unsuccessful removal of foreign body in soft tissue
- Other: _____

Resident/PA/NP signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

Physician signature: _____ Pager ID _____ Date _____ Time _____ AM/PM

I (Attending physician) was present and personally supervised the entire procedure.

CPT: 76942-26