

Adult Emergency Department  
Emergency Ultrasound  
Ultrasound Guidance: Peritonsillar Abscess  
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Patient Name \_\_\_\_\_  
MRN \_\_\_\_\_  
PATIENT IDENTIFICATION LABEL

- Ultrasound static-assistance  
 Ultrasound dynamic-guidance used

**Indication(s):**

- Sore throat    Throat / neck swelling    Dysphagia    Oropharyngeal erythema

**Location:**

- Right    Left peritonsillar region

**Complications:**    NONE    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**