

Date: _____

EM Ultrasound Rotation Scan Log

Name: _____

Patient sticker	Please check each box that applies		
	<input type="checkbox"/> FAST <input type="checkbox"/> Renal <input type="checkbox"/> GB <input type="checkbox"/> Aorta	<input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracic <input type="checkbox"/> DVT <input type="checkbox"/> Ocular	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Musculoskeletal <i>Off-service scan signature</i>
	<input type="checkbox"/> FAST <input type="checkbox"/> Renal <input type="checkbox"/> GB <input type="checkbox"/> Aorta	<input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracic <input type="checkbox"/> DVT <input type="checkbox"/> Ocular	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Musculoskeletal <i>Off-service scan signature</i>
	<input type="checkbox"/> FAST <input type="checkbox"/> Renal <input type="checkbox"/> GB <input type="checkbox"/> Aorta	<input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracic <input type="checkbox"/> DVT <input type="checkbox"/> Ocular	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Musculoskeletal <i>Off-service scan signature</i>
	<input type="checkbox"/> FAST <input type="checkbox"/> Renal <input type="checkbox"/> GB <input type="checkbox"/> Aorta	<input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracic <input type="checkbox"/> DVT <input type="checkbox"/> Ocular	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Musculoskeletal <i>Off-service scan signature</i>
	<input type="checkbox"/> FAST <input type="checkbox"/> Renal <input type="checkbox"/> GB <input type="checkbox"/> Aorta	<input type="checkbox"/> Cardiac <input type="checkbox"/> Thoracic <input type="checkbox"/> DVT <input type="checkbox"/> Ocular	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Soft Tissue <input type="checkbox"/> Musculoskeletal <i>Off-service scan signature</i>
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