|  |  |  |
| --- | --- | --- |
| Name : <Name> | | Date : <Date> |
| Age : <Age> | **ID : <ID>** | **Ref.By: <Ref>** |
| U/S CEREBRAL (BRAIN) | | |

**Findings:**

**Impression:**

* Unremarkable scan.

|  |
| --- |
| <Doctor> |