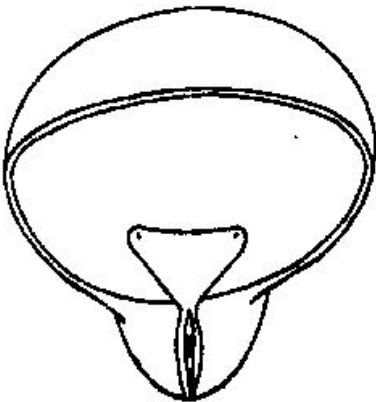
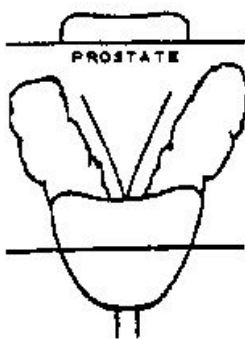
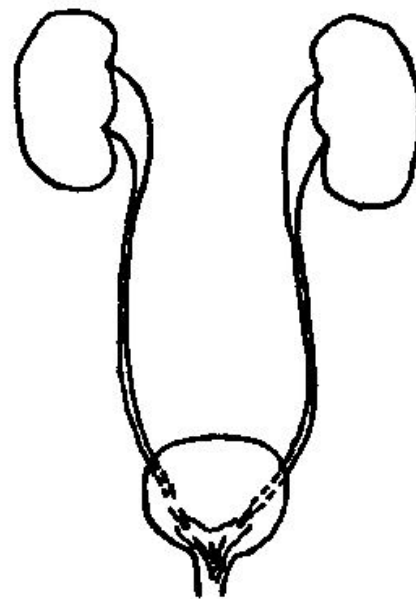


<b>UROLOGIC EXAMINATION</b>			DATE OF REQUEST (YYYYMMDD)
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.			
EXAMINATION REQUESTED BECAUSE OF:			
<b>LOWER TRACT FINDINGS</b>			
EXTERNAL GENITALIA			
<b>PROSTATE</b>			
SIZE	CONSISTENCY	MEDIAN SULCUS	SURFACE
MASSES	FIXATION	SMEAR	CULTURE
<b>SEMINAL VESICLES</b>			ANAL SPHINCTER TONE
SIZE	SURFACE	CONSISTENCY	
RESIDUAL URINE			
SIGNATURE OF EXAMINER			DATE (YYYYMMDD)
<b>MIDTRACT FINDINGS</b>			
CYSTOSCOPE	SIZE	ANAESTHESIA	
<b>BLADDER</b>			
CAPACITY	RESIDUAL URINE		
MUCOSA	TRIGONE		
WALL	URETERAL ORIFICES		
URETHRA			
		<b>CROSS SECTION PROSTATE</b> 	
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name (last,first,middle); grade; date; hospital or medical facility)</i>		AGE	WARD NO.
		SSN	
		SIGNATURE OF EXAMINER	
		DATE (YYYYMMDD)	

**UPPER TRACT FINDINGS**

URETERAL CATHETERIZATION

SIZE OF CATHETER		RIGHT	LEFT
DISTANCE INJECTED			
	FLOW		
URINE	MACROSCOPIC		
	MICROSCOPIC		
	CULTURE		
KIDNEY FUNCTION TEST			
DYE USED			
APPEARANCE TIME			
TOTAL TIME URINE COLLECTED			
EXCRETION OF DYE			
PYELOGRAPHY			
SOLUTION USED			
AMOUNT INJECTED			



KIDNEYS, URETERS, AND BLADDER

RADIOGRAPHS

REMARKS

DIAGNOSIS

RECOMMENDATIONS

SIGNATURE OF EXAMINER

DATE (YYYYMMDD)