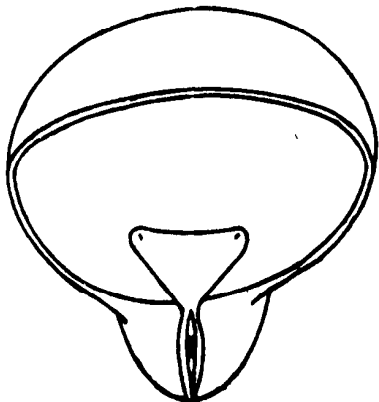
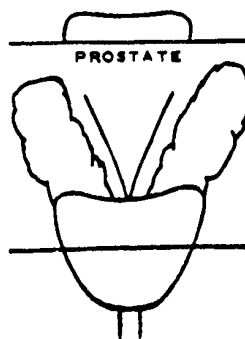
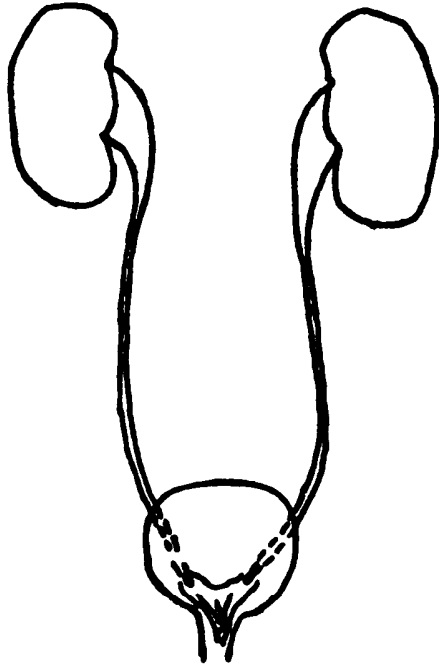


UROLOGIC EXAMINATION			DATE OF REQUEST(YYYYMMDD)	
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.				
EXAMINATION REQUESTED BECAUSE OF:				
LOWER TRACT FINDINGS				
EXTERNAL GENITALIA				
PROSTATE				
SIZE	CONSISTENCY	MEDIAN SULCUS	SURFACE	
MASSES	FIXATION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

UPPER TRACT FINDINGS			
URETERAL CATHETERIZATION			
SIZE OF CATHETER		RIGHT	LEFT
DISTANCE INJECTED			
URINE	FLOW		
	MACROSCOPIC		
	MICROSCOPIC		
	CULTURE		
KIDNEY FUNCTION TEST			
DYE USED			
APPEARANCE TIME			
TOTAL TIME URINE COLLECTED			
EXCRETION OF DYE			
PYELOGRAPHY			
SOLUTION USED			
AMOUNT INJECTED			
 <p>KIDNEYS, URETERS, AND BLADDER</p>			
RADIOGRAPHS			
REMARKS			
DIAGNOSIS			
RECOMMENDATIONS			
SIGNATURE OF EXAMINER			DATE (YYYYMMDD)