

Patient Name _____ MRN _____ Date _____

History _____

Sonographer _____ Performing provider _____

PRE-PROCEDURE VITAL SIGNS

POST PROCEDURE VITAL SIGNS

Blood Pressure: _____

HR: _____

O² Sat %: _____

Access Site: Right Left

Volume Aspirated: _____ mL

Color: _____

Specimen Sent To Lab? Yes No

