

**McLaren Print System Order**

**Order No: 44229 Reprint Previous Order No: 21588**  
**Order Date: 2019-04-03**  
**User: tiffany mclaughlan**  
**Phone: 586-286-4880**

**Ship Location: McLaren Womens Health Clinton**  
**37400 Garfield**  
**Clinton Township, Michigan 48036**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 52100**  
**Dept Name: McLaren Womens Health Clinton Township**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-343**  
**Item Description: 2ND and 3RD OB ULTRASOUND Form**  
**Revision Date: 8/2016**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

<b>MEASUREMENTS</b>	<b>RATIOS</b>	<b># of Fetuses</b> _____
BP Diastolic _____	CI _____	Presentation _____
CP Diastolic _____	FL/SPD _____	Cardiac Motion <input type="checkbox"/> YES or <input type="checkbox"/> NO
HC cm _____	FL/AC _____	Amniotic Fluid _____
AC cm _____	HC/AC _____	Max Vertical Pocket _____
FL cm _____	EFW gms _____	Total AFI _____
	Weight (lbs) _____	
	Percent % _____	

FETAL ANATOMY	IDENTIFIED	NOT IDENTIFIED	COMMENTS
Vertebrae			
Nuchal Fold			
Choroid Plexus			
Middle Frie			
Cervix Sept. PelvicB			
Cervix			
Cervix Majora			
Fetal Face			
Spine			
Thoracic			
Lumbar Sacral			
Arms			
Legs			
Four Chamber Heart			
Right Outflow Trac			
Left Outflow Trac			
Stomach			
Kidneys			
Bladder			
Sondar			
Three Vessel Cord			
Cord Insertion			

Pelvic Location \_\_\_\_\_ Previa  YES or  NO Pelvic Grade \_\_\_\_\_

Cervical Length \_\_\_\_\_ Dilated Cervix \_\_\_\_\_

EDC by LMP \_\_\_\_\_ EDC by SONO \_\_\_\_\_

Comments: _____
Done By: _____ Date/Time: _____
Provider Comments: _____
Provider Signature: _____ Date/Time: _____

SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND  
8/16/16 2016