

McLaren Print System Order

Order No: 54606 Reprint Previous Order No: 5172
 Order Date: 2020-06-03
 User: Shannon Pierce
 Phone: 8106677040

Ship Location: Lapeer Occupational Health
 1181 S Lapeer Rd
 Lapeer, MI 48446

Forms

Quantity: 100
 Paragon Dept No: 65100
 Dept Name: Lapeer Occ Health
 Company Number: 810

Order Total Price: 11.80

Item Number: MM-7
 Item Description: Radiology Cross Interpretation (Overread)
 Revision Date: 8/2016
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill:
 Misc Info:

McLaren Medical Group
RADIOLOGY CROSS INTERPRETATION (OVERREAD)

Patient Name: _____ Date of Birth: ___/___/____
 Exam: _____ X-Ray Number (if available): _____
 Date of Exam: ___/___/____ Time: _____ Provider: _____

History: _____

Study Performed	Findings	Impression
<input type="checkbox"/> Chest X-Ray # _____ Views <input type="checkbox"/> Osseous Structures are	Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> No Pleural Effusion <input type="checkbox"/> Other Findings: _____ <input type="checkbox"/> Cardiomediastinal Silhouette is Unremarkable <input type="checkbox"/> Unremarkable	<input type="checkbox"/> Negative Chest Examination <input type="checkbox"/> Other _____ Signature _____
<input type="checkbox"/> Extremities # _____ Location	<input type="checkbox"/> Bones, joint and soft tissue are within normal limits <input type="checkbox"/> Other Findings: _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature _____
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Sacroiliac joints are patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature _____
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Intervertebral foramina are widely patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature _____

Radiology Interpretation: Agree Notify Physician Not Read by Ordering Provider