

McLaren Print System Order

Order No: 56093
Order Date: 2020-08-14
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Ship Location: McLaren Flint - 3C Endoscopy Attn: Rachelle
401 S. Ballenger Hwy
Flint, MI 48532

Forms

Quantity: 100
Paragon Dept No: 30350
Dept Name: Endoscopy 3C
Company Number: 60

Order Total Price: 57.20

Item Number: 17794
Item Description: Endobronchial Ultrasound (EBUS) Report
Revision Date: 5/2016
Print: 1 sided black and white
Paper: 3 Part (White, Yellow, Pink)
Size: 8.5 x 11
Fold: None
Finish: None
Drill: 5 Hole Top
Misc Info: ss; 3 art; black and white; 5 hole punch

McLaren Flint
Flint, Michigan
Endobronchial Ultrasound (EBUS) Report

Date: _____ Physician: _____

<p>UL Medial/ventral Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>		<p>UL Medial/ventral Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>
<p>UL Lower Paratracheal Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>		<p>UL Lower Paratracheal Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>
<p>UL Lower Paratracheal Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>		<p>UL Lower Paratracheal Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>
<p>UL Hilar Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>		<p>UL Hilar Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>
<p>UL Subcarinal Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>		<p>UL Subcarinal Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>
<p>UL Segmental Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>	<p>L Subcarinal Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>	<p>R Paratracheal</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>
	<p>L Paratracheal</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>	<p>UL Segmental Node</p> <p>M: _____</p> <p>P: _____</p> <p>T: _____</p>

Figure 1. Longitudinal view of the bronchial tree. Nodes are numbered 1 through 12.

Key: M = Measurement P = Number of passes T = Time

Airway Findings:

Patient's Clinical History:

Spec Info:

Clinical Differential Diagnosis:

Physician Signature: _____ Date: _____ Time: _____

White Copy (Client) White Copy (Center)
 Pink Copy (Department)
 Endobronchial Ultrasound
 (EBUS) Report
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