

McLaren Print System Order

Order No: 57425 Reprint Previous Order No: 56254
Order Date: 2020-10-06
User: Deb House
Phone: 989-269-8933 x4562

Ship Location: McLaren Thumb - main hospital/x-ray - attn: Deb House
1100 South Van Dyke Rd
Bad Axe, MI 48413

Forms

Quantity: 100
Paragon Dept No: 27250
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 0.00

Item Number: 026.109
Item Description: ﻿Abdominal Ultrasound Technologist Worksheet
Revision Date: 07/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER



THUMB REGION
1100 S. Van Dyke • Bad Axe, Michigan 48413
989-269-9521 • Fax: 989-269-5200

Abdominal Ultrasound Technologist Worksheet

Patient Name: _____ Age: _____ Exam Date: _____

Ordering Provider: _____ MD # _____ Complaint: _____

Diagnosis: _____

Ultrasound Findings: _____ Technologist: _____

* Aorta _____

* Gall Bladder _____

* Biliary Tree _____

* Common Bile Duct _____

* Liver _____

Hepatorenal Flow Hepatogaic Flow

* Pancreas _____

* Spleen _____

* Right Kidney _____

* Left Kidney _____

* Other _____