McLaren Business Products

McLaren Print System Order

Order No: 59869
Order Date: 2021-01-26
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: 27290
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 0.00

Item Number: 026.106
Item Description: OB Ultrasound 1st Trimester
Revision Date: 10/2008
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


McLaren
THUMB REGION
1100 S. Van Dyke • Bad Axe, Michigan 48413
989-269-9525 • Fax 989-269-7948 • www.huronmedicalcenter.org

OB ULTRASOUND 1ST TRIMESTER

Name: _____ X-Ray #: _____

Referring Physician: _____ EDC: _____

Date: _____ LMP: _____ Age: ____ G: ____ P: ____ Ab < 20 wks ____ Ab > 20 wks ____

Pelvic Exam: _____ Surgeries/C-Sections: _____

High Blood Pressure: _____ Diabetes: _____

Bleeding/Spotting/Discharge: _____ Hormones: _____

Indication: _____ Transducer Freq: _____

Gestation:	Presentation:		Fetal Activity:		
( ) Single	( ) Vertex	( ) Transverse	Yes	No	
( ) Twin	( ) Breech	( ) Unstable	( )	( )	Limb
( ) Other	( ) Oblique		( )	( )	Heart _____ Heart Rate

Gestational Sac Size: _____ CM _____ wks

CRL: _____ CM _____ wks

Yolk Sac: _____

Amniotic Fluid:	Placenta:		
( ) Normal	( ) Anterior	( ) Rt. Lateral	( ) Marginal
( ) Oligohydramnios	( ) Fundal	( ) Lt. Lateral	( ) Partial _____ %
( ) Polyhydramnios	( ) Posterior	( ) Previa	( ) Total

Sonographer's Impression: _____

Previous Scans:
Date: _____ EDC: _____

Cervix: _____
EDC by US: _____
GA by US: _____

Diagnosis After Scan/Comments: _____

Radiologist Signature: _____

026.106.10-08

Spec Info: