

McLaren Print System Order

Order No: 60820
Order Date: 2021-03-04
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: 026.112
Item Description: Arterial Evaluation of Lower Extremities
Revision Date: 04/2016
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



This is a preliminary technological report. It has not been reviewed by the interpreting physician. An official reading of this Doppler will follow.

Form fields for Patient Name, Date, MRN #, Age, Sex (M/F), and Physician.

Table with columns for symptoms (pain, numbness, tingling, etc.) and checkboxes for presence/absence on Right and Left sides.

Table with columns for Doppler Velocity (cm/sec), Waveform, Phase, and Comments. Includes rows for Right and Left sides for various arteries.

Spec Info: