

**McLaren Print System Order**

Order No: 63483  
 Order Date: 2021-07-05  
 User: Kristy Suerwier  
 Phone: 989-672-5111

Ship Location: McLaren Caro Region  
 401 North Hooper St  
 Caro, MI 48723

**Forms**

Quantity: 100  
 Paragon Dept No: 27290  
 Dept Name: Ultrasound  
 Company Number: 510

Order Total Price: 0.00

Item Number: US 17  
 Item Description: UPPER EXTREMITY VENOUS EXAM  
 Revision Date: 11/2019  
 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



CARD REGION UPPER EXTREMITY VENOUS EXAM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Physician: \_\_\_\_\_  
 Reason for Exam: \_\_\_\_\_

	Right	Left
Pain	_____	_____
Edema	_____	_____
Temperature Changes	_____	_____
No Trauma	_____	_____
DVT Arm	_____	Date: _____
DVT Leg	_____	Date: _____



**Doppler Evaluation**

	PHASIC		ADJUMENT	
Jugular	RT _____	LT _____	RT _____	LT _____
Subclavian	RT _____	LT _____	RT _____	LT _____
Axillary	RT _____	LT _____	RT _____	LT _____
Brachial	RT _____	LT _____	RT _____	LT _____
Basilic	RT _____	LT _____	RT _____	LT _____
Cephalic	RT _____	LT _____	RT _____	LT _____

**IMPRESSION**

Spec Info: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Sonographer: \_\_\_\_\_