

McLaren Print System Order

Order No: 63487
 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 3
 Item Description: ECHOCARDIOGRAM WORKSHEET
 Revision Date: 3/2015
 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



ECHOCARDIOGRAM WORKSHEET

PATIENT NAME: _____ DATE OF SERVICE: _____
 LOCATION: _____ DOB: _____ SONOGRAPHER: _____
 PRIMARY PHYSICIAN: _____ PATIENT MR#: _____
 ORDERING PHYSICIAN: _____ INTERPRETING PHYSICIAN: _____
 HEIGHT: _____ ft, _____ in. WEIGHT: _____ pounds SEX: _____
 PREVIOUS ECHO: _____ LOCATION: _____ EP: _____ PRIOR MI: _____
 PTCA: _____ CABG: _____ PROSTHETIC VALVE: _____ PPM: _____
 INDICATIONS: _____

SEMIQUANTITATIVE MEASUREMENTS (units)	NORMAL VALUES	AORTIC VALVE	MITRAL VALVE	TRICUSPID VALVE	LEFT DIASTOLIC FUNCTION
LVSD	(33-51)	Peak PG: _____ mmHg	Mean PG: _____ mmHg	Peak E: _____ cm/s	AD
LVAD		Mean PG: _____ mmHg	MPA(MPA): _____ cm/s	Peak A: _____ cm/s	AD
RVs	(27-33)	PAV: _____ cm/s	MPA (P S-G): _____ cm/s	DE: _____	AD
LVPM	(27-33)	EPRV (mm): _____ cm	MPA(MPA): _____ cm/s	A-Dist: _____	AD
LA	(28-40)	EPRV (mm): _____ cm		TRICUSPID VALVE	AD
AD	(28-40)	EPRV (mm): _____ cm			AD
BDL	(25-30)	AD (P S-G): _____ cm/s	TR PG: _____ mmHg	PI (A-Dist): _____	AD
		RVSD: _____ %	TR VAV: _____ cm/s	PI (ML): _____	AD
				LVF	

Spec Info: