

McLaren Print System Order

Order No: 63754 Reprint Previous Order No: 21589
Order Date: 2021-07-20
User: MICHELLE GALATI
Phone: 5867254604

Ship Location: McLaren Womens Health Chesterfield
51086 Fairchild Rd
Chesterfield, Michigan 48051

Forms

Quantity: 500
Paragon Dept No: 72000
Dept Name: McLaren Womens Health Chesterfield
Company Number: 810

Order Total Price: 0.00

Item Number: MM-344
Item Description: GYNECOLOGICAL ULTRASOUND Form D1
Revision Date: 8/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Medical Group
GYNECOLOGICAL ULTRASOUND

Date: _____

Patient Name: _____ Date of Birth: _____

Ordering Provider: _____

Complete Pelvic (78650) Diagnosis: _____

Transvaginal (78650) Diagnosis: _____

Limited Follow up (78657) Diagnosis: _____

Sonohysterogram (86340) Diagnosis: _____

Age: _____ LMP: _____ G: _____ P: _____

Previous Surgery: _____

MEASUREMENTS

Uterus: _____

Endometrial Canal: _____

Right Ovary: _____

Left Ovary: _____

Comments: _____

Done By: _____ Date/Time: _____

Provider Comments: _____

Provider Signature: _____ Date/Time: _____