

McLaren Print System Order

Order No: 7151
 Order Date: 2014-11-17
 User: Becki Beers
 Phone:

Ship Location: Becki Beers
 10090 E. Lippincott Blvd.
 Davison, MI 48423

Forms

Quantity: 500
 Paragon Dept No: 64103
 Dept Name: McLaren-Flint Davison CMC
 Company Number: 810

Order Total Price: 58.50

Item Number: MM-7
 Item Description: Radiology Cross Interpretation (Overread)
 Revision Date: 8/2013
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill:
 Misc Info:

McLaren Medical Group
RADIOLOGY CROSS INTERPRETATION (OVERREAD)

Patient Name: _____ Date of Birth: ___/___/___
 Exam: _____ X-Ray Number (if available): _____
 Date of Exam: ___/___/___ Time: _____ Physician: _____
 History: _____

Study Performed	Findings	Impression
<input type="checkbox"/> Chest X-Ray # _____ Views	Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> No Pleural Effusion <input type="checkbox"/> Other Findings: _____ <input type="checkbox"/> Cardiomediastinal Silhouette is Unremarkable <input type="checkbox"/> Osseous Structures are Unremarkable	<input type="checkbox"/> Negative Chest Examination <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> Extremities # _____ Location: _____	<input type="checkbox"/> Bones, joint and soft tissue are within normal limits <input type="checkbox"/> Other Findings: _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Sacroiliac joints are patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Intervertebral foramina are widely patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____

Radiology Interpretation: Agree Notify Physician

RADIOLOGY CROSS
 INTERPRETATION (OVERREAD)
 800-875-5555 ext. 444444 10/01/13