

McLaren Print System Order

Order No: 45755 Reprint Previous Order No: 21588
 Order Date: 2019-05-30
 User: tiffany mclaughlan
 Phone: 5862864880

Ship Location: McLaren Womens Health clinton: Tiffany
 37400 Garfield SUITE 200
 Clinton Township, Michigan 48036

Forms

Quantity: 500
 Paragon Dept No: 52053
 Dept Name: McLaren Womens Health CLINTON
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-343
 Item Description: 2ND and 3RD OB ULTRASOUND Form
 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
SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND

Date: _____

Patient Name: _____ Date of Birth: _____

Ordering Provider: _____

| | | |
|---------------------|--------------------|--|
| MEASUREMENTS | RATIOS | # of Fetuses _____ |
| BP Diastolic _____ | CI _____ | Presentation _____ |
| CF Diastolic _____ | FL/SPD _____ | Cardiac Motion <input type="checkbox"/> YES or <input type="checkbox"/> NO |
| HC cm _____ | FL/AC _____ | Amniotic Fluid _____ |
| AC cm _____ | HC/AC _____ | Max Vertical Pocket _____ |
| FL cm _____ | EFW gms _____ | Total AFI _____ |
| | Weight (lbs) _____ | |
| | Percent % _____ | |

| FETAL ANATOMY | IDENTIFIED | NOT IDENTIFIED | COMMENTS |
|----------------------|------------|----------------|----------|
| Vertebrae | | | |
| Nuchal Fold | | | |
| Choroid Plexus | | | |
| Middle Frie | | | |
| Cervix Sept. PelvicB | | | |
| Cervix | | | |
| Cervix Major | | | |
| Fetal Face | | | |
| Spine | | | |
| Thoracic | | | |
| Lumbar Sacral | | | |
| Arms | | | |
| Legs | | | |
| Four Chamber Heart | | | |
| Right Outflow Trac | | | |
| Left Outflow Trac | | | |
| Stomach | | | |
| Kidneys | | | |
| Bladder | | | |
| Sondar | | | |
| Three Vessel Cord | | | |
| Cord Insertion | | | |

Pelvic Location _____ Previa YES or NO Pelvic Grade _____

Cervical Length _____ Dilated Cervix _____

EDC by LMP _____ EDC by SONO _____

| |
|--|
| Comments: _____ |
| Done By: _____ Date/Time: _____ |
| Provider Comments: _____ |
| Provider Signature: _____ Date/Time: _____ |

SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND
8/16/16 2016