

**McLaren Print System Order**

Order No: 52840 Reprint Previous Order No: 21588  
 Order Date: 2020-02-26  
 User: brandy wakefield  
 Phone: 5862864880

Ship Location: McLaren Macomb Womens Health  
 37400 Garfield  
 Clinton twp, Michigan 48036

**Forms**

Quantity: 500  
 Paragon Dept No: 72100  
 Dept Name: McLaren Macomb Womens Health  
 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: \_\_\_\_\_

<b>MEASUREMENTS</b>	<b>RATIOS</b>	<b># of Fetuses</b> _____
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 Foe			
Cervix Sept Pedunc			
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