

McLaren Print System Order

Order No: 56807 Reprint Previous Order No: 16937
Order Date: 2020-09-14
User: Deanna Sisman
Phone: 586 421 4204

Ship Location: McLaren Macomb General and Vascular Surgery
38770 Garfield Suite 102
Clinton Twp, MI 48038

Forms

Quantity: 1000
Paragon Dept No: 72250
Dept Name: McLaren Macomb General and Vascular Surgery
Company Number: 810

Order Total Price: 18.50

Item Number: MM-314
Item Description: Doppler Referral
Revision Date: 10/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss; 5.5x8.5; must be ordered in increments of 2



McLaren Macomb General & Vascular Surgery
38770 Garfield Road Suite 102 Clinton Twp., MI 48038
Phone (586) 421-4204 • Fax (586) 421-4222

DOPPLER REFERRAL

Name: _____

Appointment Date/Time: _____

Referring Physician: _____

- Testing Only
- Testing and Physician Appointment

REASON FOR VASCULAR TESTING:

- Pain Bruit Swelling Ulcer CVA/TIA
- Other: _____

ARTERIAL:

- AAA Ultrasound Raynaud's Evaluation
- Carotid Doppler Renal Artery Ultrasound
- Lower Extremity Arterial Doppler
- Thoracic Outlet Evaluation
- Upper Extremity Arterial Doppler
- Pseudoaneuysm Evaluation

VENOUS:

- Lower Extremity Venous Doppler
 - Bilateral Right Left
- Upper Extremity Venous Doppler
 - Bilateral Right Left