

**McLaren Print System Order**

**Order No: 57048 Reprint Previous Order No: 21588**  
**Order Date: 2020-09-24**  
**User: Cherry Ebi**  
**Phone: 586-412-5117**

**Ship Location: Northgrove Attn Cherry**  
**44200 Garfield, Ste 164**  
**Clinton Twp, Mi 48038**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 72150**  
**Dept Name: McLaren Macomb Northgrove Women**  
**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 _____
HC 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 Majora			
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 Pelvicis Grade \_\_\_\_\_

Cervical Length \_\_\_\_\_ Stressed 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