

McLaren Print System Order

Order No: 57467 Reprint Previous Order No: 5891
Order Date: 2020-10-07
User: Stephanie Karram
Phone: 342-4979

Ship Location: McLaren Flint- Ultrasound Attn:Stephanie Karram
401 s ballenger hwy
flint, mi 48532

Forms

Quantity: 100
Paragon Dept No: 32010
Dept Name: radiology
Company Number: 60

Order Total Price: 2.45

Item Number: M-22040-A
Item Description: OB Ultrasound Worksheet Main
Revision Date: 7/2017
Print: 1 sided black and white
Paper: 20# Lavendar Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint
Department of Radiology
OB ULTRASOUND WORKSHEET INPATIENT
Name: _____ Date: ___/___/___ G: ___ P: ___ A: ___
Indication for exam: _____
Severity: ___/30 Duration: _____
LMP: ___/___/___ per pt/per exam EDC: ___/___/___ per pt/per exam
Previous surgery: _____
Previous Exam/Date: _____
Cervical Length: ___ cm
Placenta Position: _____ Grade: _____ Length from placental tip to cc: ___ cm
Fetal Presentation: _____
AFI: _____ IWT: ___ kgm
MEASUREMENTS (Use lock w/ Brenner Chart)
BPD ___ cm, W ___ g HC ___ cm, W ___ g
AC ___ cm, W ___ g FL ___ cm, W ___ g
FL/AC ___ FL/BPD ___ HC/AC ___ CI ___
AGA: ___ weeks ___ days LMP % ___ EPW: ___ grams S ___ grams
EDC by fetal biometry: _____
Additional Comments: _____
SONOGRAPHER: _____

