

McLaren Print System Order

Order No: 57713 Reprint Previous Order No: 21587
Order Date: 2020-10-20
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-342
Item Description: 1ST 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
FIRST TRIMESTER OBSTETRICAL ULTRASOUND

Date: _____

Patient Name: _____ Date of Birth: _____

Ordering Provider: _____

MEASUREMENTS

CFI, mm/secs: _____

Yolk Sac: _____

F of Sac: _____

Cardiac Motion: YES or NO

Right Adnexa: _____

Left Adnexa: _____

Placental Location: _____ Placenta Grade: _____

Genital Length: _____

EDC by LMP: _____ EDC by SONO: _____

Comments: _____

Done By: _____ Date/Time: _____

Provider Comments: _____

Provider Signature: _____ Date/Time: _____