

McLaren Print System Order

Order No: 5879
Order Date: 2014-09-19
User: Amy Vincent
Phone: 810-342-4815

Ship Location: McLaren Imaging Center - Flint
501 S. Ballenger Hwy
Flint, MI

Forms

Quantity: 100
Paragon Dept No: 32011
Dept Name: McLaren Imaging Center - Flint
Company Number: 60

Order Total Price: 0.00

Form Number: M-22036
Form Description: Scrotal Ultrasound Worksheet
Revision Date: 5/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

Q MCCLAREN Flint
501 S. Ballenger Hwy - Flint, MI 48907
810-342-4800

Q MCCLAREN IMAGING CENTER
501 S. Ballenger Hwy, Suite 01 - Flint, MI 48907
810-342-4800

SCROTAL ULTRASOUND WORKSHEET

Name _____ Date ____/____/____

Indication for Exam: _____

Surgery: _____

Pain: Right/Left _____ Swelling _____

Trauma: _____ No Infections, Fever _____

Performing Technologist: _____

R Testis: _____

R Epididymis: _____

Microcalc: _____

Hydrocele: _____

Doppler & RI: _____

L Testis: _____

L Epididymis: _____

Microcalc: _____

Hydrocele: _____

Doppler & RI: _____

SCROTAL
ULTRASOUND
WORKSHEET F
M-22036


