

McLaren Print System Order

Order No: 5888
Order Date: 2014-09-19
User: Amy Vincent
Phone: 810-342-4815

Ship Location: McLaren Imaging Center - Flint
501 s. Ballenger Hwy. Suite B
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-22053
Form Description: Ultrasound of the 1st Trimester Pregnancy
Revision Date: 4/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

Q McLaren Flint
501 S. Ballenger Hwy., Flint, MI 48902
810-342-4888

Q McLaren Imaging Center
501 S. Ballenger Hwy., Suite B - Flint, MI 48902
810-342-4888

DEPARTMENT OF RADIOLOGY
ULTRASOUND OF THE 1ST TRIMESTER PREGNANCY

Patient Name _____ Age _____ Date _____ / _____ / _____
Referring Physician _____ Previous US _____
No. of Complications in Pregnancy _____
LMP (Normal) _____ Regular/Irregular/Prog Test _____ + _____ - _____ F _____
Gravida _____ Para _____ Abortion _____ Birth Control _____ Hormones _____
Miscarriage _____
Previous Surgery Date _____
Uterus _____
RT Ovary _____
LT Ovary _____
Sex _____ F _____
Yolk sac _____
CRL _____ F _____ Chorionic Plate _____
Fetal Number _____ Twin (Monozygotic/Dizygotic)
FMT _____ Sp/M
EDC _____
AGA _____
CRL Length _____
OTHER _____

Sonographer _____

ULTRASOUND OF THE 1ST TRIMESTER PREGNANCY
M-22053-100



5888

100