

McLaren Print System Order

Order No: 5892
Order Date: 2014-09-19
User: Amy Vincent
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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-22040
Form Description: OB 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

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

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DEPARTMENT OF RADIOLOGY
OB ULTRASOUND WORKSHEET

Name _____ Date ____/____/____ Gravida/Para _____

LMP: _____ EDC: _____ Date P&A last wk exam: _____

HT of irregular menses _____ HT of complications in pregnancy _____

Rh: _____ Bleeding _____ Ruptured membranes _____

Previous Study: Yes No Date _____

FETAL EVALUATION/INDICATION FOR EXAM

Fetal Lie _____ Number _____

FHT _____ 4 Chambers _____

Stomach _____ Situs _____

Diaphragm _____ Backbone _____

Spine C _____ Spine T/Spine L _____

Spine S _____ Cord Insertion _____

3 Vessels _____ Renals: Rt _____ Lt _____

Chord Plexus _____ Thymus _____

Spleen _____ CSP _____

Ventricle _____

FETAL ENVIRONMENT

Uterus _____ Ovaries _____

Cervical Length _____ Open _____ Closed _____

Placenta Position _____ Grade _____ Placenta _____

Quantitative Amniotic Fluid Index _____ Length from placental tip to CI _____

MEASUREMENTS

SPD _____ FLA% TILE _____

AC _____ HC _____

CER _____ FL _____

CRL _____ SAC _____

Nuchal Fold _____ Posterior Fossa/Cisterna Magna _____

FLUID: FULSPD _____ HCAC _____ CI _____

AGA _____ EFW _____ EDC _____

BIOPHYSICAL PROFILE

Fetal Breathing _____ Fetal Tone _____

Gross Body Movement _____ AFI _____

Bowling Chart _____

Head/Neck Measurement _____

Sonographer _____

OB ULTRASOUND WORKSHEET



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