

McLaren Print System Order

Order No: 59593 Reprint Previous Order No: 21588
 Order Date: 2021-01-12
 User: MICHELLE GALATI
 Phone: 5867254604

Ship Location: McLaren Womens Health Chesterfield
 51086 Fairchild Rd
 Chesterfield, Michigan 48051

Forms

Quantity: 100
 Paragon Dept No: 72000
 Dept Name: McLaren Womens Health Chesterfield
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-343
 Item Description: 2ND and 3RD 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
SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND

Date: _____

Patient Name: _____ Date of Birth: _____

Ordering Provider: _____

MEASUREMENTS	RATIOS	# of Fetuses _____
BP Diastolic _____	CI _____	Presentation _____
CF Diastolic _____	FL/SPD _____	Cardiac Motion <input type="checkbox"/> YES or <input type="checkbox"/> NO
HC cm _____	FL/AC _____	Amniotic Fluid _____
HC cm _____	HC/AC _____	Max Vertical Pocket _____
FL cm _____	EFW gms _____	Total AFI _____
	Weight (lbs) _____	
	Percent % _____	

FETAL ANATOMY	IDENTIFIED	NOT IDENTIFIED	COMMENTS
Vertebrae			
Nuchal Fold			
Choroid Plexus			
Middle Fetal			
Cervix Septa/PelvicB			
Cervix			
Cervix Major			
Fetal Face			
Spine			
Thoracic			
Lumbar Sacral			
Arms			
Legs			
Four Chamber Heart			
Right Outflow Trac			
Left Outflow Trac			
Stomach			
Kidneys			
Bladder			
Gender			
Three Vessel Cord			
Cord Insertion			

Pelvic Location _____ Previa YES or NO Pelvic Grade _____

Cervical Length _____ Dilated Cervix _____

EDC by LMP _____ EDC by SONO _____

Comments: _____

Done By: _____ Date/Time: _____

Provider Comments: _____

Provider Signature: _____ Date/Time: _____

SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND
8/16/16 2016