

McLaren Print System Order

Order No: 6069
Order Date: 2014-09-26
User: Stephanie Karram
Phone: 342-4979

Ship Location: ultrasound attn stephanie karram

Forms

Quantity: 500
Paragon Dept No: 6076
Dept Name: radiology
Company Number: 60

Order Total Price: 28.75

Form Number: M-22036
Form Description: Scrotal Ultrasound Worksheet
Revision Date: 5/2012
Print: 1 sided black and white
Paper: 90# Blue Cover
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLAREN PRINTING
401 S. Dabney Hwy., #104, MI 48107
810-342-4980

McLAREN PRINTING CENTER
401 S. Dabney Hwy., Suite 11-104, MI 48107
810-342-4980

SCROTAL ULTRASOUND WORKSHEET

Name _____ Date ____/____/____

Indication for Exam: _____

Surgery: _____

Pain: Right/Left _____ Swelling _____

Trauma: _____ No Infections, Fever _____

Performing Technologist: _____

R/Tests: _____

R/Epididymis: _____
Mastocytosis _____
Hydrocele _____

Doppler & RI: _____

L/Tests: _____

L/Epididymis: _____
Mastocytosis _____
Hydrocele _____

Doppler & RI: _____

SCROTAL
ULTRASOUND
WORKSHEET F
M-22036


