

McLaren Print System Order

Order No: 9797 Reprint Previous Order No: 5172
 Order Date: 2015-03-13
 User: Jean OHalloran
 Phone: 248-969-7354

Ship Location: McLaren Oakland Oxford Family Medicine
 385 N. Lapeer Road
 Oxford, MI 48371

Forms

Quantity: 500
 Paragon Dept No: 73600
 Dept Name: Oxford Family Medicine
 Company Number: 810

Order Total Price: 58.50

Item Number: MM-7
 Item Description: Radiology Cross Interpretation (Overread)
 Revision Date: 8/2013
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill:
 Misc Info:

McLaren Medical Group
RADIOLOGY CROSS INTERPRETATION (OVERREAD)

Patient Name: _____ Date of Birth: ___/___/___
 Exam: _____ X-Ray Number (if available): _____
 Date of Exam: ___/___/___ Time: _____ Physician: _____
 History: _____

Study Performed	Findings	Impression
<input type="checkbox"/> Chest X-Ray # _____ Views	Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> No Pleural Effusion <input type="checkbox"/> Other Findings: _____ <input type="checkbox"/> Cardiomediastinal Silhouette is Unremarkable <input type="checkbox"/> Osseous Structures are Unremarkable	<input type="checkbox"/> Negative Chest Examination <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> Extremities # _____ Location	<input type="checkbox"/> Bones, joint and soft tissue are within normal limits <input type="checkbox"/> Other Findings: _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Sacroiliac joints are patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Vertebral height, alignment, interspacing and mineralization are satisfactory <input type="checkbox"/> Intervertebral foramina are widely patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other: _____ Signature: _____

Radiology Interpretation: Agree Notify Physician

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 800-875-5555 • FAX: 248-969-7354