

McLaren Print System Order

Order No: 68051 Reprint Previous Order No: 5891
Order Date: 2022-03-01
User: Stephanie Karram
Phone: 342-4979

Ship Location: McLaren Flint- Ultrasound Attn:Stephanie Karram
401 s ballenger hwy
flint, mi 48532

Forms

Quantity: 500
Paragon Dept No: 32010
Dept Name: radiology
Company Number: 60

Order Total Price: 12.25

Item Number: M-22040-A
Item Description: OB Ultrasound Worksheet Main
Revision Date: 7/2017
Print: 1 sided black and white
Paper: 20# Lavendar Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint
Department of Radiology
OB ULTRASOUND WORKSHEET INPATIENT

Name: _____ Date: ____/____/____ G: ____ P: ____ A: ____
Indication for exam: _____
Severity: ____/30 Duration: _____
LMP: _____ per pt/per exam EDC: _____ per pt/per exam
Previous surgery: _____
Previous Exam/Date: _____
Cervical Length: _____ cm
Placenta Position: _____ Grade: _____ Length from placental tip to cc: _____ cm
Fetal Presentation: _____
AP: _____ RWT: _____ bpm

MEASUREMENTS (Use lock w/ Brenner Chart)
BPD _____ cm. W _____ dL HC _____ cm. W _____ dL
AC _____ cm. W _____ dL FL _____ cm. W _____ dL
FL/AC _____ FL/BPD _____ HC/AC _____ CI _____
AGA: _____ weeks _____ days LMP % _____ EPW: _____ grams ± _____ grams
EDC by fetal biometry: _____
Additional Comments _____

SONOGRAPHER: _____

