

McLaren Print System Order

Order No: 68550 Reprint Previous Order No: 5891
Order Date: 2022-03-23
User: Kristy Suerwier
Phone: 989-672-5111

Ship Location: McLaren Caro Region
401 North Hooper St
Caro, MI 48723

Forms

Quantity: 100
Paragon Dept No: 27290
Dept Name: Ultrasound
Company Number: 510

Order Total Price: 0.00

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

McLaren File
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: _____

