

McLaren Print System Order

Order No: 68552 Reprint Previous Order No: 59835
 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: US 10
 Item Description: LOWER EXTREMITY VENOUS DOPPLER WORKSHEET
 Revision Date: 10/2019
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; BLACK; BOND PAPER



CARO REGION

LOWER EXTREMITY VENOUS DOPPLER WORKSHEET

NAME: _____ DATE: _____
 AGE: _____ SEX: _____ DR: _____
 PREGNANCY: _____ OB/GYN: _____ SURGERY: _____ DX: _____ BC PLS: _____ ANK/DAGULANT: _____
 CHIEF COMPLAINT: _____

| VASCULAR HISTORY | | | |
|--|---------------------|---------------------|-------------|
| | Right | Left | |
| PAIN | _____ | _____ | |
| TRILUMBA | _____ | _____ | |
| EDSWAR | _____ | _____ | |
| SKIN CHANGES | _____ | _____ | |
| VARICOSE VEINS | _____ | _____ | |
| TENDERNESS | _____ | _____ | |
| DMT US | _____ | _____ | DATE: _____ |
| DOPPLER EVALUATION | | PHASIC | AUGMENT |
| COMMON FEMORAL | RT: _____ LT: _____ | RT: _____ LT: _____ | |
| DEEP FEMORAL (formerly superficial femoral) | RT: _____ LT: _____ | RT: _____ LT: _____ | |
| POP/ITIAL | RT: _____ LT: _____ | RT: _____ LT: _____ | |
| POSTERIOR TIBIAL | RT: _____ LT: _____ | RT: _____ LT: _____ | |
| PERONEAL | RT: _____ LT: _____ | RT: _____ LT: _____ | |
| + Present - Decreased 0 Not spontaneous | | | |
| OBSERVATIONS | | | |
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