

McLaren Print System Order

Order No: 68556 Reprint Previous Order No: 59845
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 16
Item Description: ULTRASOUND WORKSHEET FIRST TRIMESTER
Revision Date: 11/2019
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



CARD REGION

ULTRASOUND WORKSHEET FIRST TRIMESTER

Name: _____ MR#: _____

Date: _____ Physician: _____

OBSTETRIC HISTORY Gravida: _____ Para: _____ AB: _____ Miscarriage: _____

Diabetes: Yes No Reason for exam: _____

HTN: Yes No _____

Bleeding: Yes No _____

FETAL AGE BASED ON:

LMP: ___/___/___ Normal ___ Abnormal ___ Sure ___ Unsure ___ LMP: _____

EDC: ___/___/___ EDC: _____

Prev. US: ___/___/___ Prev. US: _____

Current US: _____

FIRST TRIMESTER:

of sacs: _____ Gestation sac size: ___x___x___cm Correlates to: ___ wks ___ d

CR: _____cm Correlates to: ___ wks ___ d

Normal yolk sac seen: Yes No

FHT: Yes ___BPM

No

MATERNAL:

Uterus: Sag: ___x___x___cm Normal Abnormal

Right Ovary: ___x___x___cm Comments: _____

Left Ovary: ___x___x___cm Comments: _____

Free Fluid: Yes No

COMMENTS:

Sonographer: _____