

McLaren Print System Order

Order No: 68557 Reprint Previous Order No: 59846
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 17
Item Description: UPPER EXTREMITY VENOUS EXAM
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 UPPER EXTREMITY VENOUS EXAM

Name: _____ Date: _____
Birth Date: _____ Sex: _____ Physician: _____
Reason for Exam: _____

Right Left
Pain: _____
Edema: _____
Temperature Changes: _____
No Trauma: _____
DVT Arm: _____ Date: _____
DVT Leg: _____ Date: _____



Doppler Evaluation

	PHASIC		ADJUMENT	
Jugular	RT _____	LT _____	RT _____	LT _____
Subclavian	RT _____	LT _____	RT _____	LT _____
Axillary	RT _____	LT _____	RT _____	LT _____
Brachial	RT _____	LT _____	RT _____	LT _____
Basilic	RT _____	LT _____	RT _____	LT _____
Cephalic	RT _____	LT _____	RT _____	LT _____

IMPRESSION

Sonographer: _____