

McLaren Print System Order

Order No: 68564 Reprint Previous Order No: 59830
 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

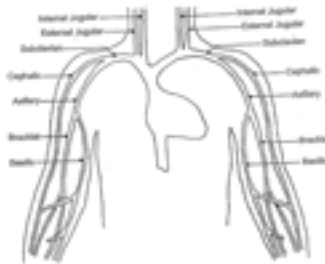
Item Number: US 7
 Item Description: UPPER EXTREMITY VENOUS DOPPLER WORKSHEET
 Revision Date: 3/2016
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; BLACK; BOND PAPER



CARO REGION

UPPER EXTREMITY VENOUS DOPPLER WORKSHEET

PATIENT NAME: _____ DATE: _____
 MR NUMBER: _____ AGE: _____
 FAMILY DOCTOR: _____ ORDERING DOCTOR: _____
 INDICATIONS: _____



VEIN	COMPRESSIBILITY		AUGMENTATION		RESPIRATORY SWING/VEIN	
	RIGHT	LEFT	RIGHT	LEFT	RIGHT	LEFT
Internal jugular						
BCV						
Proximal subclavian						
Mid subclavian						
Distal subclavian						
Axillary						
Brachial						
Basilic						
Cephalic						

FINDINGS: _____

TECHNOLOGIST: _____