

**McLaren Print System Order**

**Order No: 71743 Reprint Previous Order No: 21588**  
**Order Date: 2022-08-15**  
**User: Casey Coleman**  
**Phone: 5862864880**

**Ship Location: MACOMB WOMENS HEALTH**  
**37400 GARFIELD SUITE 200**  
**CLINTON TOWNSHIP, MI 48036**

**Forms**

**Quantity: 1000**  
**Paragon Dept No: 72100**  
**Dept Name: WHA CLINTON**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-343**  
**Item Description: 2ND and 3RD OB ULTRASOUND Form**  
**Revision Date: 8/2016**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

<b>MEASUREMENTS</b>	<b>RATIOS</b>	<b># of Fetuses</b> _____
BP Diastolic _____	CI _____	Presentation _____
CF Diastolic _____	FL/SPD _____	Cardiac Motion <input type="checkbox"/> YES or <input type="checkbox"/> NO
HC cm _____	FL/AC _____	Amniotic Fluid _____
HC cm _____	HC/AC _____	Max Vertical Pocket _____
FL cm _____	EFW gms _____	Total AFI _____
	Weight (lbs) _____	
	Percent % _____	

FETAL ANATOMY	IDENTIFIED	NOT IDENTIFIED	COMMENTS
Vertebrae			
Nuchal Fold			
Choroid Plexus			
Middle Frie			
Cervix Sept. PelvicB			
Cervix			
Cervix Majora			
Femur Frie			
Spine			
Thoracic			
Lumbar Sacral			
Acra			
Legs			
Four Chamber Heart			
Right Outflow Trac			
Left Outflow Trac			
Stomach			
Kidneys			
Bladder			
Sondar			
Three Vessel Cord			
Cord Insertion			

Pelvic Location \_\_\_\_\_ Previa  YES or  NO Pelvicis Grade \_\_\_\_\_

Cervical Length \_\_\_\_\_ Dilated Cervix \_\_\_\_\_

EDC by LMP \_\_\_\_\_ EDC by SONO \_\_\_\_\_

Comments: _____
Done By: _____ Date/Time: _____
Provider Comments: _____
Provider Signature: _____ Date/Time: _____

SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND  
8/16/16 2016