

**McLaren Print System Order**

Order No: 72294 Reprint Previous Order No: 59835  
 Order Date: 2022-09-12  
 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: \_\_\_\_\_ DVT: \_\_\_\_\_ BC PULS: \_\_\_\_\_ ANTI COAGULANT: \_\_\_\_\_  
 CHIEF COMPLAINT: \_\_\_\_\_

VASCULAR HISTORY			
	Right	Left	
PAIN	_____	_____	
TRILUMBA	_____	_____	
EDSWAR	_____	_____	
SKIN CHANGES	_____	_____	
VARICOSE VEINS	_____	_____	
TENDERNESS	_____	_____	
DVT 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:
