

McLaren Print System Order

Order No: 72295 Reprint Previous Order No: 59841
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 11
Item Description: ULTRASOUND BREAST EVALUATION
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

ULTRASOUND BREAST EVALUATION

Patient Name : _____ DATE: _____
DOB : _____ MR# : _____ REFERRING PHYSICIAN: _____

Indication for Exam:		Family History Breast Cancer:	
_____	Palpable Mass	_____	Self
_____	Tenderness	_____	Mother
_____	Follow Up	_____	Sister
Previous Exam:		Previous Surgery:	
<input type="checkbox"/> Ultrasound	_____	Right	_____
<input type="checkbox"/> Mammogram	_____	Left	_____

Comments:



Sonographer : _____ Date : _____