McLaren Business Products

**McLaren Print System Order**

**Order No: 72296 Reprint Previous Order No: 59842**
**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 12**
**Item Description: ULTRASOUND THYROID 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**

McLaren
CARO REGION

ULTRASOUND THYROID EVALUATION

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

Indication for Exam:
_____Difficulty Swallowing
_____Nervousness
_____Fatigue
_____Palpable Mass
_____Excessive Sweating
_____Hair Loss
_____Weight Gain/Loss
_____Follow Up
_____

Previous Exam
Ultrasound:_____
Nuclear Medicine:_____
Biopsy:
☐ Right :_____
☐ Left:_____

Thyroid Meds:
☐ Yes:_____
☐ No

Right = _____x_____x_____cm Height_____
Left = _____x_____x_____cm Weight_____
Isthmus =_____

Comments:_____

Sonographer :_____ Date: _____

FORM: US 12
REV: 10-6-19