McLaren Business Products

**McLaren Print System Order**

**Order No: 72297 Reprint Previous Order No: 59851**
**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 13**
**Item Description: ULTRASOUND SCRITAL 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 SCROTAL EVALUATION

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

Indication for Exam:_____
_____
_____Pain
_____Swelling
_____Discoloration
_____Trauma
_____Palpable Mass
_____Hx. Infections
_____Fever
_____Follow Up

Previous Exam
Nuclear Medicine:_____
Ultrasound:_____

Surgery:
☐ Right:_____
☐ Left:_____

| Right | Left |
|---|---|
| _____x_____x_____cm | _____x_____x_____cm |
| Color Flow Seen: Yes☐ No☐ | Color Flow Seen: Yes ☐ No ☐ |
| Epi:_____ | Epi:_____ |
| _____ | _____ |
| RI:_____ PSV: _____cm/s | RI: _____ PSV: _____cm/s |

Comments:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Sonographer :_____ Date: _____

FORM: US 13
REW: 10-4-19