

**McLaren Print System Order**

**Order No: 72298 Reprint Previous Order No: 59846**  
**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 17**  
**Item Description: UPPER EXTREMITY VENOUS EXAM**  
**Revision Date: 11/2019**  
**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**



**CARD REGION UPPER EXTREMITY VENOUS EXAM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Physician: \_\_\_\_\_  
Reason for Exam: \_\_\_\_\_

Right Left  
Pain: \_\_\_\_\_  
Edema: \_\_\_\_\_  
Temperature Changes: \_\_\_\_\_  
No Trauma: \_\_\_\_\_  
DVT Arm: \_\_\_\_\_ Date: \_\_\_\_\_  
DVT Leg: \_\_\_\_\_ Date: \_\_\_\_\_



**Doppler Evaluation**

	PHASIC		ADJUMENT	
Jugular	RT _____	LT _____	RT _____	LT _____
Subclavian	RT _____	LT _____	RT _____	LT _____
Axillary	RT _____	LT _____	RT _____	LT _____
Brachial	RT _____	LT _____	RT _____	LT _____
Basilic	RT _____	LT _____	RT _____	LT _____
Cephalic	RT _____	LT _____	RT _____	LT _____

**IMPRESSION**

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Sonographer: \_\_\_\_\_