

**McLaren Print System Order**

Order No: 74495  
Order Date: 2023-01-09  
User: Deb House  
Phone: 989-269-9521

Ship Location: McLaren Thumb Attn Deb House, Imaging  
1100 S VAN DYKE RD  
BAD AXE, MI 48413

Forms  
Quantity: 100  
Paragon Dept No: 27250  
Dept Name: Medical Imaging  
Company Number: 530

Order Total Price: 0.00

Item Number: 020.102.10-08  
Item Description: Pregnancy Questionnaire  
Revision Date: 10/2008  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Poster:  
Misc Info: SS; BLACK; BOND PAPER

 1100 S. Van Dyke  
Bad Axe, Michigan  
THUMB REGION PREGNANCY QUESTIONNAIRE

Today's Date \_\_\_\_\_

WHEN WAS YOUR LAST MENSTRUAL PERIOD?  
Date \_\_\_\_\_

ARE YOU PREGNANT? Yes \_\_\_\_\_  
No \_\_\_\_\_

PATIENT'S SIGNATURE \_\_\_\_\_

PREGNANCY TEST:  
Date \_\_\_\_\_ Yes \_\_\_\_\_ Positive \_\_\_\_\_  
No \_\_\_\_\_ Negative \_\_\_\_\_

REFERRING PHYSICIAN NOTIFIED:  
Yes \_\_\_\_\_  
No \_\_\_\_\_

APPROVAL FOR EXAMINATION BY REFERRING:  
Yes \_\_\_\_\_  
No \_\_\_\_\_

TECHNOLOGIST'S SIGNATURE \_\_\_\_\_

SS-102-10-08

**Spec Info:**