

McLaren Print System Order

Order No: 75671 Reprint Previous Order No: 21587
Order Date: 2023-03-03
User: Kimberly Graleski
Phone: 586-493-3880

Ship Location:

1030 Harrington, Suite #201
Mount Clemens, MI 48043

Forms

Quantity: 100
Paragon Dept No: 52074
Dept Name: WHA Mount Clemens
Company Number: 810

Order Total Price: 0.00

Item Number: MM-342
Item Description: 1ST OB ULTRASOUND Form
Revision Date: 8/2016
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Medical Group
FIRST TRIMESTER OBSTETRICAL ULTRASOUND

Date: _____

Patient Name: _____ Date of Birth: _____

Ordering Provider: _____

MEASUREMENTS

CFI, mm/secs: _____

Yolk Sac: _____

F of Sac: _____

Cardiac Motion: YES or NO

Right Adnexa: _____

Left Adnexa: _____

Placental Location: _____ Placenta Grade: _____

Genital Length: _____

EDC by LMP: _____ EDC by SONO: _____

Comments: _____

Done By: _____ Date/Time: _____

Provider Comments: _____

Provider Signature: _____ Date/Time: _____