McLaren Business Products

McLaren Print System Order

Order No: 77212
Order Date: 2023-05-10
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: 500
Paragon Dept No: 27290
Dept Name: Ultrasound
Company Number: 530

Order Total Price: 0.00

Item Number: 026.107
Item Description: OB 2nd & 3rd Trimester
Revision Date: 04/2016
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

McLaren
THUMB REGION
1100 S. Van Dyke, Bad Axe, MI 48413

Ultrasound Department

OB 2ND & 3RD TRIMESTER

Name: _____ MR #: _____

Referring Physician: _____ EDC: _____

Date: _____ LMP: _____ Age: _____ G: ____ P: ____ Ab < 20 wks _____ Ab > 20 wks _____

Pelvic Exam: _____ Surgeries/C-Sections: _____

High Blood Pressure: _____ Diabetes: _____

Bleeding/Spotting/Discharge: _____ Hormones: _____

Indication: _____

Gestation:	Presentation:	Fetal Measurements		
[ ] Single	[ ] Vertex	BPD	_____	CM _____ wks
[ ] Twin	[ ] Breech	Head	_____	CM _____ wks
[ ] Other	[ ] Oblique	ABD	_____	CM _____ wks
	[ ] Transverse	Femur	_____	CM wks

Fetal Activity: Limb: [ ] Yes [ ] No Heart: [ ] Yes [ ] No Heart Rate: _____

Biophysical Profile:				
	0	1	2	Fetal Movements
	0	1	2	Fetal Breathing
	0	1	2	Fetal Tones
	0	1	2	Amniotic Fluid Volume

AFI Volume: Total Biophysical Profile

_____ _____

_____, Normal _____ Placental Grading: I II III

Amniotic Fluid:	Placenta Position:		
[ ] Normal	[ ] Anterior	[ ] Rt. Lateral	[ ] Marginal
[ ] Oligohydramnios	[ ] Fundal	[ ] Lt. Lateral	[ ] Partial _____%
[ ] Polyhydramnios	[ ] Posterior	[ ] Previa	[ ] Total

Previous Scans:
Date: EDC:
1. _____
2. _____
EFBW: _____
EFW (Hadlock): _____
GA by LMP: _____
GA by US: _____
Cervix: _____

Fetal Anatomy:

Visualized		Not Visualized
[ ]	4 Chamber Heart	[ ]
[ ]	Outflow Tracts R L	[ ]
[ ]	Aorta	[ ]
[ ]	Kidneys R L Both	[ ]
[ ]	Extremities	[ ]
[ ]	Bladder	[ ]
[ ]	Stomach	[ ]
[ ]	Brain Ventricles	[ ]
[ ]	Nose/Lips	[ ]
[ ]	Spine	[ ]
[ ]	3 Vessel Cord / Cord Insertion	[ ]

Diagnosis After Scan Comments: _____

Radiologist Signature: _____

026.107.04.16

Spec Info: