

McLaren Print System Order

Order No: 78209
 Order Date: 2023-07-07
 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: 27290
 Dept Name: Ultrasound
 Company Number: 530

Order Total Price: 0.00

Item Number: 026.108
 Item Description: Lower Extremity Venous Worksheet
 Revision Date: 07/2018
 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

THUMB REGION
 1100 S Van Dyke • Bad Axe, Michigan 48413
 Lower Extremity Venous Worksheet

Name _____ Date _____ MR# _____ DOB _____

Reason for Exam _____

History _____

LEFT RIGHT

Comments _____

VEIN	NORMAL	CLOT	OCCLUDED	NOT OCCLUDED
Common Femoral	_____	_____	_____	_____
Superficial Femoral	_____	_____	_____	_____
Greater Saphenous	_____	_____	_____	_____
Deep Femoral	_____	_____	_____	_____
Popliteal	_____	_____	_____	_____
Posterior Tibial	_____	_____	_____	_____

Sonographer _____

026.108.07.18

Spec Info: