

**McLaren Print System Order**

Order No: 79069  
Order Date: 2023-08-31  
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: 27215  
Dept Name: Cat Scan  
Company Number: 530

Order Total Price: 0.00

Item Number: 020.110.11-18  
Item Description: Radiology/CT Patient Health Assessment  
Revision Date: 11/2018  
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  
RADIOLOGY/CT PATIENT HEALTH ASSESSMENT  
Diagnostic Imaging Dept. 989-269-9533 ext 4560

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Any possibility of pregnancy? Yes No  
Have you ever had a contrast reaction? Yes No  
If yes, please describe: \_\_\_\_\_

Please list any surgeries that are related to the exam: \_\_\_\_\_

**PERSONAL MEDICAL HISTORY:**

Multiple Myeloma	Yes No	Diabetes	Yes No	Insulin / Pills
Kidney Disease	Yes No	Heart Disease	Yes No	
Lung Disease	Yes No	Cancer History	Yes No	
Pheochromocytoma	Yes No	Sickle Cell	Yes No	

What types of Cancer: \_\_\_\_\_

**TECHNOLOGIST USE ONLY**

PRIOR RELEVANT EXAM: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

Creatinine/GFR: \_\_\_\_\_ Date: \_\_\_\_\_

IV Contrast: Isovue 350 Amount: \_\_\_\_\_

IV Site: Right Left Forearm Antecubital Other: \_\_\_\_\_

IV Gauge: 23g 20g 18g 22g Diffusio

Tech Comments/ Pertinent Patient History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technologist: \_\_\_\_\_  
Time: \_\_\_\_\_ Date: \_\_\_\_\_

**Spec Info:**