

McLaren Print System Order

Order No: 80478
Order Date: 2023-10-14
User: Graphics Dept
Phone:

Ship Location: McLaren Lapeer Attn: Shawna Carpenter
1375 N Main St xxxx
Lapeer, MI 48446

Form
Quantity:
Paragon Dept No: 13340
Dept Name: Behavioral Health
Company Number:

Order Total Price: 0.00

Item Number: M-22040-A
Item Description: OB Ultrasound Worksheet Main
Revision Date: 7/2017
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:

McLaren Print
Department of Radiology
OB ULTRASOUND WORKSHEET INPATIENT
Name: _____ Date: ____/____/____ G: ____ P: ____ R: ____
Indication for exam: _____
Severity: ____/30 Duration: _____
LMP: _____ per pt/per exam EDC: _____ per pt/per exam
Previous surgery: _____
Previous Exams/Dates: _____
Cervical Length: _____ cm
Placenta Position: _____ Grade: _____ Length from placental tip to cc: _____ cm
Fetal Presentation: _____
AFI: _____ FWT: _____ gpm
MEASUREMENTS (Indicate w/ Benner Chart)
BPD: _____ cm, W: _____ dL HC: _____ cm, W: _____ dL
AC: _____ cm, W: _____ dL FL: _____ cm, W: _____ dL
FLIAC: _____ FL/BPD: _____ HC/AC: _____ C: _____
AGA: _____ weeks, days LMP %: _____ EFW: _____ grams, I: _____ grams
EDC by fetal biometry: _____
Additional Comments: _____

Spec Info: _____

