

McLaren Print System Order

Order No: 80514
Order Date: 2023-10-15
User: Graphics Dept
Phone:

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

Form
Quantity: 100
Paragon Dept No: 13340
Dept Name: Behavioral Health
Company Number:

Order Total Price: 3.35

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 Files
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: _____ FLBPD: _____ HC IAC: _____ C: _____

AGA: _____ weeks, days LMP % _____ EFW: _____ grams, lb _____ grams

EDC by fetal biometry: _____

Additional Comments: _____

Spec Info: _____

