

McLaren Print System Order

Order No: 81292  
Order Date: 2023-11-28  
User: Catherin Carrier  
Phone: 586-493-8879

Ship Location: McLaren Macomb Interventional Neurology Office attn Catherine  
1030 Harrington Blvd suite 304  
Mt Clemens, MI 48043

Forms

Quantity: 100  
Paragon Dept No: 25240  
Dept Name: Interventional Neurology  
Company Number: 260

Order Total Price: 3.35

Item Number: MHCC-716  
Item Description: Mechanical Thrombectomy Notations  
Revision Date: 10/2023  
Print: 1 sided black and white  
Paper: 20# White Text  
Size: 8.5 x 11  
Fold:  
Finish: None  
Drill: None  
Poster:  
Misc Info: 8.5x11 Black SS



FL  
MIAMI  
OH

Mechanical Thrombectomy Notations

Date of Procedure: _____	Patient Arrival to Lab: _____
File Access Time: _____	Time of Final Angiographic Imaging Clot: _____
	Micro-Catheter in Lesion: _____

Location	Time of Device Deployment			Time of Device Removal		
1 <sup>st</sup> Lesion	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____
2 <sup>nd</sup> Lesion	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____
Other Lesions	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____	1 <sup>st</sup> _____	2 <sup>nd</sup> _____	3 <sup>rd</sup> _____

Time of Final Revascularization: _____						
Final Revascularization Flow(TICI) Score (circle one):	0	1	2a	2b/c	3a	3
Time of site closure: _____	Access closure device: _____					
Estimated Blood Loss: _____ ml	Total Thrombolytic time: _____ min					

Device(s) / Stickers

Spec Info:

