

McLaren Print System Order

Order No: 81936
Order Date: 2024-01-02
User: Deb House
Phone: 989-269-1557

Ship Location: McLaren Thumb - Attn Deb House, Imaging
1100 S VAN DYKE RD
BAD AXE, MI 48413

Forms

Quantity: 500
Paragon Dept No: 25250
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 16.75

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. 989-269-8933 ext 4500

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: