

McLaren Print System Order

Order No: 82737 Reprint Previous Order No: 15892
Order Date: 2024-01-31
User: Amber Zoll
Phone:

Ship Location: McLaren Flint 2N Ultrasound Attn: Amber Zoll
401 S. Ballenger Hwy
Flint, MI 48532,

Forms

Quantity: 100
Paragon Dept No: 27290
Dept Name:
Company Number: 60

Order Total Price: 3.85

Item Number: M-22035
Item Description: _Thyroid_Ultrasound_Worksheet.
Revision Date: 1/2016
Print: 1 sided black and white
Paper: 20# Salmon Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

McLaren Flint
 401 S. Ballenger Hwy Flint MI 48532
 810-342-2259

McLaren Imaging Center
 501 S. Ballenger Hwy, Suite B Flint MI 48532
 810-342-4900

McLaren Flint
 Department of Radiology
 Thyroid Ultrasound Worksheet

Name _____ Date _____

Indication for exam _____

Severity ____/10 Duration _____

Surgeries _____

Family Hx of Thyroid Disorder: _____

Difficulty Swallowing Swelling Nervousness Sweating Palpitations Hair Loss

Tiredness Wt. Gain Wt. Loss Previous Treatment: _____

Nuclear Exam? _____

Previous Study Yes No Date: _____ Comparison: _____

RI Lobe: _____

LI Lobe: _____

Isthmus: _____

Sonographer _____

Thyroid Ultrasound Worksheet
 22035 (1/1/16)

680