

McLaren Print System Order

Order No: 86835
Order Date: 2024-07-10
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: 100
Paragon Dept No: 27250
Dept Name: MEDICAL IMAGING
Company Number: 530

Order Total Price: 3.35

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. 989-269-4933 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 Diffuse

Tech Comments/ Pertinent Patient History: _____

Technologist: _____

Time: _____ Date: _____

Spec Info: