

McLaren Print System Order

Order No: 87752 Reprint Previous Order No: 15898
Order Date: 2024-08-30
User: Amber Zoll
Phone:

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

Forms

Quantity: 500
Paragon Dept No: 27290
Dept Name:
Company Number: 60

Order Total Price: 19.25

Item Number: M-35029
Item Description: Ultrasound_Abdominal_Worksheet
Revision Date: 1/2016
Print: 1 sided black and white
Paper: 20# Green Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:

<input type="checkbox"/> McLaren Flint 401 S. Ballenger Hwy, Flint MI 48532 810-342-2259	<input type="checkbox"/> McLaren Imaging Center 501 S. Ballenger Hwy, Suite B Flint MI 48532 810-342-4800
McLaren Flint Ultrasound Abdominal Worksheet	
Name _____ Date _____	
Indication for exam _____	
Severity ____/10 Duration _____	
Surgeries _____	
Nausea/Vomiting <input type="checkbox"/> Fever/Chills <input type="checkbox"/> Diarrhea/Constipation <input type="checkbox"/> Indigestion/Gas <input type="checkbox"/>	
Pain: RUQ <input type="checkbox"/> LUQ <input type="checkbox"/> RLQ <input type="checkbox"/> LLQ <input type="checkbox"/> Epigastric <input type="checkbox"/>	
Jaundice <input type="checkbox"/> Hematuria <input type="checkbox"/> HTN <input type="checkbox"/> Diabetes <input type="checkbox"/>	
Previous Exams and Dates _____	
Liver _____	

CBC _____	
GB _____	

AD _____	
IVC _____	
Pancreas _____	
R Kidney _____	

L Kidney _____	

Spleen _____	
Free Fluid _____	

Sonographer _____	


