

McLaren Print System Order

Order No: 88511
 Order Date: 2024-09-27
 Order Request Date:
 User: MICHELLE GALATI
 Phone: 5867254604

Ship Location: McLaren Womens Health Chesterfield
 51086 Fairchild Rd
 Chesterfield, Michigan 48051

Brochures
 Quantity: 100
 Paragon Dept No: 72000
 Dept Name: McLaren Womens Health Chesterfield
 Company Number:

Order Total Price: 3.35

Item Number: MM-343
 Item Description: 2ND and 3RD OB ULTRASOUND Form
 Revision Date: 8/2016
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Poster:
 Misc Info:

McLaren Medical Group
 SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND

Date: _____
 Patient Name: _____ Date of Birth: _____
 Ordering Provider: _____

MEASUREMENTS	RATIOS	# of Fetuses
BP Diastolic _____	CI _____	Presentation _____
BP Diastolic _____	FL/SPD _____	Cardiac Motion: <input type="checkbox"/> YES or <input type="checkbox"/> NO
AC cm _____	FL/AC _____	Amniotic Fluid _____
HC cm _____	HC/AC _____	Max Vertical Pocket _____
FL cm _____	EFW gms _____	Total AFI _____
	Weight (lbs) _____	
	Percent Pts _____	

FETAL ANATOMY	IDENTIFIED	NOT IDENTIFIED	COMMENTS
Neck/Head			
Neck/Fold			
Choroid Plexus			
Middle Fetal			
Cervix Sept/Pelvic			
Cervix/Length			
Cervix/Magna			
Fetal Face			
Spine			
Thorax			
Lumbar Sacral			
Arms			
Legs			
Four Chamber Heart			
Right Outflow Trac			
Left Outflow Trac			
Stomach			
Kidneys			
Bladder			
Gender			
Three Vessel Cord			
Cord Insertion			

Patient Location: _____ Previa: YES or NO Placenta Grade: _____
 Cervical Length: _____ Stressed Cervix: _____
 EDC by LMP: _____ EDC by SONO: _____

Comments: _____

Done By: _____ Date/Time: _____

Provider Comments: _____

Provider Signature: _____ Date/Time: _____

SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND
 8/16/16

Spec Info: