

McLaren Print System Order

Order No: 88512
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-344
Item Description: GYNECOLOGICAL ULTRASOUND Form D1
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
GYNECOLOGICAL ULTRASOUND

Date: _____

Patient Name: _____ Date of Birth: _____

Ordering Provider: _____

<input type="checkbox"/> Complete Pelvic	(78956)	Diagnosis: _____
<input type="checkbox"/> Transvaginal	(78930)	Diagnosis: _____
<input type="checkbox"/> Limited Follow up	(78957)	Diagnosis: _____
<input type="checkbox"/> Sonohysterogram	(88340)	Diagnosis: _____

Age: _____ LMP: _____ G: _____ P: _____

Previous Surgery: _____

MEASUREMENTS

Uterus: _____

Endometrial Canal: _____

Right Ovary: _____

Left Ovary: _____

Comments: _____

Done By: _____ Date/Time: _____

Provider Comments: _____

Provider Signature: _____ Date/Time: _____

Spec Info: