

McLaren Print System Order

Order No: 88643
Order Date: 2024-10-02
Order Request Date:
User: Kristal Johnson
Phone: 810-487-3601

Ship Location: McLaren Davison CMC
10090 E Lippincott Blvd
Davison, MI 48423

Brochures
Quantity: 500
Paragon Dept No: 50002
Dept Name: McLaren Davison
Company Number:

Order Total Price: 59.00

Item Number: MM-7
Item Description: Radiology Cross Interpretation (Overread)
Revision Date: 8/2016
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish: None
Drill:
Poster:
Misc Info:

McLaren Medical Group
RADIOLOGY CROSS INTERPRETATION (OVERREAD)

Patient Name: _____ Date of Birth: ___/___/_____
 Exam: _____ X-Ray Number (if available): _____
 Date of Exam: ___/___/____ Time: _____ Provider: _____
 History: _____

Study Performed	Findings	Impression
<input type="checkbox"/> Chest X-Ray # _____ Views _____ <input type="checkbox"/> Osseous Structures are _____	Lungs: <input type="checkbox"/> Clear <input type="checkbox"/> No Pleural Effusion <input type="checkbox"/> Other Findings: _____ <input type="checkbox"/> Cardiomediastinal Silhouette is Unremarkable	<input type="checkbox"/> Negative Chest Examination <input type="checkbox"/> Other _____ Signature: _____
<input type="checkbox"/> Extremities # _____ Location _____	<input type="checkbox"/> Bones, joint and soft tissue are within normal limits <input type="checkbox"/> Other Findings: _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature: _____
<input type="checkbox"/> Lumbar Spine	<input type="checkbox"/> Vertebral height, alignment, interspinous and mineralization are satisfactory <input type="checkbox"/> Sacroiliac joints are patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature: _____
<input type="checkbox"/> Cervical Spine	<input type="checkbox"/> Vertebral height, alignment, interspinous and mineralization are satisfactory <input type="checkbox"/> Intervertebral foramina are widely patent	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature: _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Negative Study <input type="checkbox"/> Other _____ Signature: _____

Radiology Interpretation: Agree Notify Physician Not Read by Ordering Provider

RADIOLOGY CROSS INTERPRETATION (OVERREAD) 08/2016 (Rev. 08/2016) (McLaren)

Spec Info: