

McLaren Print System Order

Order No: 89011
 Order Date: 2024-10-15
 User: Casey Coleman
 Phone: 5862864880

Ship Location: **MACOMB WOMENS HEALTH**
 37400 GARFIELD RD SUITE 200
 CLINTON TOWNSHIP MI,48036

Brochures
 Quantity: 1000
 Paragon Dept No: 52053
 Dept Name: WHA CLINTON
 Company Number: MMG20

Order Total Price: 0.99

Item Number: MM-343
 Item Description: 2ND and 3RD OB ULTRASOUND Form
 Revision Date: 8/2016
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Poster:
 Misc Info: 8.5x11 SS Color No Bleed 80# Offset Text

McLaren Medical Group
SECOND AND THIRD TRIMESTER OBSTETRICAL ULTRASOUND

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

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

FETAL ANATOMY	IDENTIFIED	NOT IDENTIFIED	COMMENTS
Skull			
Nuchal Fold			
Choroid Plexus			
Middle Vessels			
Carotid Sept/Pelvic			
Cervix			
Colicula Magna			
Face/Fore			
Spine			
Thoracic			
Lumbar Sacral			
Arms			
Legs			
Four Chamber Heart			
Right Outflow Trac			
Left Outflow Trac			
Stomach			
Kidneys			
Bladder			
Gender			
Three Vessel Cord			
Cord Insertion			

Spec Info: _____ 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
08/16/16