

McLaren Print System Order

Order No: 89804
Order Date: 2024-11-11
User: Graphics Dept
Phone: 810-342-1735

Ship Location: McLaren Comprehensive Breast Care Attn: Kayla Severance
1314 S Linden Rd Ste B
Flint, MI 48532

Form
Quantity: 100
Paragon Dept No: 50038
Dept Name: McLaren Comprehensive Breast Care2560
Company Number:

Order Total Price: 3.35

Item Number: M-22040-A
Item Description: OB Ultrasound Worksheet Main
Revision Date: 7/2017
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info:

McLaren Files
Department of Radiology
OB ULTRASOUND WORKSHEET INPATIENT

Name: _____ Date: ____/____/____ G: ____ P: ____ R: ____

Indication for exam: _____

Severity: ____/30 Duration: _____

LMP: _____ per pt/per exam EDC: _____ per pt/per exam

Previous surgery: _____

Previous Exams/Dates: _____

Cervical Length: _____ cm

Placenta Position: _____ Grade: _____ Length from placental tip to cc: _____ cm

Fetal Presentation: _____

AFI: _____ FWT: _____ gpm

MEASUREMENTS (Methods as Benner Chart)

BPD: ____ cm, W: ____ dL HC: ____ cm, W: ____ dL

AC: ____ cm, W: ____ dL FL: ____ cm, W: ____ dL

FLIAC: _____ FLIAP: _____ HCLAC: _____ C: _____

AGA: ____ weeks ____ days LMP %: _____ EFW: ____ grams I: ____ grams

EDC by fetal biometry: _____

Additional Comments: _____

Spec Info: _____

