

McLaren Print System Order

Order No: 91341
Order Date: 2025-01-08
Order Request Date:
User: Casey Coleman
Phone: 5862864880

Ship Location: MACOMB WOMENS HEALTH CLINTON
37399 GARFIELD RD SUITE 203
CLINTON TOWNSHIP, MI 48036

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

Order Total Price: 31.00

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	(79956)	Diagnosis: _____
<input type="checkbox"/> Transvaginal	(79930)	Diagnosis: _____
<input type="checkbox"/> Limited Follow up	(79957)	Diagnosis: _____
<input type="checkbox"/> Sonohysterogram	(80340)	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: Original Poster Size