

McLaren Print System Order

Order No: 91818
Order Date: 2025-01-23
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-342
Item Description: 1ST OB ULTRASOUND Form
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
FIRST TRIMESTER OBSTETRICAL ULTRASOUND

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

MEASUREMENTS
GRL, mm/secs _____
Nub Sac _____
of Sacs _____
Cardiac Motion: YES NO
Right Adnexa _____
Left Adnexa _____

Placental Location: _____ Placenta Grade: _____
Cervical Length: _____
EDC by LMP: _____ EDC by SONO: _____

Comments _____

Done By: _____ Date/Time: _____

Provider Comments _____

Provider Signature: _____ Date/Time: _____

Spec Info: Original Poster Size