

McLAREN FLINT
401 S. Ballenger Hwy. • Flint, MI 48532
810-342-2209

McLAREN IMAGING CENTER
501 S. Ballenger Hwy., Suite B • Flint, MI 48532
810-342-4800

DEPARTMENT OF RADIOLOGY
ULTRASOUND OF THE 1ST TRIMESTER PREGNANCY

Patient Name: _____ Age: _____ Date: _____ / _____ / _____

Referring Physician: _____ Previous U/S: _____

Hx of Complications in Pregnancy: _____

LMP (Normal): _____ Regular/Irregular/Preg Test: _____ + _____ - _____ ? _____

Gravida: _____ Para: _____ Abortion: _____ Birth Control: _____ Hormones: _____

Miscarriage: _____

Previous Surgery Date: _____

Uterus: _____

RT Ovary: _____

LT Ovary: _____

Sac: _____ / _____

Yolksac: _____

CRL: _____ / _____ Chorionic Plate _____

Fetal Number: _____ Twin (Monochorionic/Dichorionic)

FHT: _____ BpM

EDC: _____

AGA: _____

CX Length: _____

OTHER

Sonographer: _____



PT.

MR.#/P.M.

DR.