

McLaren Print System Order

Order No: 57422 Reprint Previous Order No: 56250
 Order Date: 2020-10-06
 User: Deb House
 Phone: 989-269-8933 x4562

Ship Location: McLaren Thumb - main hospital/x-ray - attn: Deb House
 1100 South Van Dyke Rd
 Bad Axe, MI 48413

Forms

Quantity: 100
 Paragon Dept No: 27250
 Dept Name: Medical Imaging
 Company Number: 530

Order Total Price: 0.00

Item Number: 026.106
 Item Description: OB Ultrasound 1st Trimester
 Revision Date: 10/2008
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; BLACK; BOND PAPER

McLaren
 THUMB REGION
 1100 S. Van Dyke • Bad Axe, Michigan 48413
 989-269-9521 • Fax: 989-269-7948 • www.thumb.mclaren.org

OB ULTRASOUND 1ST TRIMESTER

Name _____ S. Ray # _____

Referring Physician _____ EDC _____

Date _____ LMP _____ Age _____ G _____ P _____ A6 < 20 wks _____ A6 > 20 wks _____

Pelvic Exam _____ Surgeries/C-sections _____

High Blood Pressure _____ Diabetes _____

Bleeding/Spotting/Discharge _____ Hormones _____

Indication _____ Transducer Freq _____

Distortion:	Presentation:	Fetal Activity:	
<input type="checkbox"/> Single	<input type="checkbox"/> Vertex	<input type="checkbox"/> Transverse	Yes No
<input type="checkbox"/> Twin	<input type="checkbox"/> Breech	<input type="checkbox"/> Oblique	<input type="checkbox"/> <input type="checkbox"/> LMS
<input type="checkbox"/> Other	<input type="checkbox"/> Oblique		<input type="checkbox"/> <input type="checkbox"/> Heart _____ Heart Rate _____

Distortional Bas. Size: _____ CM _____ wks

CRL: _____ CM _____ wks

Yolk Sac: _____

Amniotic Fluid:	Placenta:
<input type="checkbox"/> Normal	<input type="checkbox"/> Anterior
<input type="checkbox"/> Oligohydramnios	<input type="checkbox"/> Fundal
<input type="checkbox"/> Polyhydramnios	<input type="checkbox"/> Posterior

Sonographer's Impression _____

Previous Scans:

1. Date _____ EDC _____ Cervix _____

2. _____ EDC by US _____

_____ SA by US _____

Diagnosis After Scan/Comments _____

Radiologist Signature _____