

McLaren Print System Order

Order No: 57427 Reprint Previous Order No: 56244
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: 026.113
Item Description: Thyroid Ultrasound Worksheet
Revision Date: 02/2017
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info:



THUMB REGION
1100 S. Van Dyke - Bad Axe, Michigan 48413
Thyroid Ultrasound Worksheet

Name _____ Date _____ NPI# _____ DOB _____

Indication for Exam _____

History _____

Right Lobe _____ X _____ X _____ cm

	Nodeules	Location	Previously measured
1)			
2)			
3)			
4)			

Left Lobe _____ X _____ X _____ cm

	Nodeules	Location	Previously measured
1)			
2)			
3)			
4)			

Referring Physician _____

Sonographer _____