

McLaren Print System Order

Order No: 5877
Order Date: 2014-09-19
User: Amy Vincent
Phone: 810-342-4815

Ship Location: McLaren Imaging Center - Flint
501 S. Ballenger Hwy Suite B
Flint, MI

Forms

Quantity: 100
Paragon Dept No: 32011
Dept Name: McLaren Imaging Center - Flint
Company Number: 60

Order Total Price: 0.00

Form Number: M-35029
Form Description: Ultrasound Abdominal Worksheet
Revision Date: 3/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLaren Flint
501 S. Ballenger Hwy - 1st Fl, MI 48902
810-342-4888

McLaren Imaging Center
501 S. Ballenger Hwy, Suite B - 1st Fl, MI 48902
810-342-4888

ULTRASOUND ABDOMINAL WORKSHEET

Patient's Name _____ Date _____

Clinical Indication for Exam: _____

Nausea/Vomiting Fever/Chills Distress/Constipation Indigestion/Gas Pain Jaundice

Hematuria HTN Diabetes

Surgery: _____

Previous Ultrasound and Date: _____

Sonographer Performing Exam: _____

User: _____

CBD: _____

GB: _____

AD: _____

IVC: _____

Pancreas: _____

R Kidney: _____

L Kidney: _____

Spleen: _____

Free Fluid: _____

ULTRASOUND ABDOMINAL
WORKSHEET


