

McLaren Print System Order

Order No: 5881
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-22035
Form Description: Thyroid Ultrasound 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. Suite B, Flint, MI 48903
810-342-4815

McLaren Imaging Center
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THYROID ULTRASOUND WORKSHEET

Name _____

Date _____

Indication for Exam _____

Family Hx of Thyroid Disorders _____

Difficulty Swallowing Swelling Nervousness Sweating Puffiness Hair Loss

Tiredness Wt Gain Loss Previous Treatment: _____

Nuclear Exam? _____

Sonographer Performing Exam: _____

Previous Study Yes No Date _____ Comparison _____

Rx Label _____

U Label _____

Referral _____

THYROID ULTRASOUND
WORKSHEET
M-22035



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