

**McLaren Print System Order**

**Order No: 59592 Reprint Previous Order No: 21589**  
**Order Date: 2021-01-12**  
**User: MICHELLE GALATI**  
**Phone: 5867254604**

**Ship Location: McLaren Womens Health Chesterfield**  
**51086 Fairchild Rd**  
**Chesterfield, Michigan 48051**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 72000**  
**Dept Name: McLaren Womens Health Chesterfield**  
**Company Number: 810**

**Order Total Price: 0.00**

**Item Number: MM-344**  
**Item Description: GYNECOLOGICAL ULTRASOUND Form D1**  
**Revision Date: 8/2016**  
**Print: 1 sided black and white**  
**Paper: 20# White Text**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

McLaren Medical Group  
GYNECOLOGICAL ULTRASOUND

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Complete Pelvic (78650)      Diagnosis: \_\_\_\_\_

Transvaginal (78650)      Diagnosis: \_\_\_\_\_

Limited Follow up (78657)      Diagnosis: \_\_\_\_\_

Sonohysterogram (86340)      Diagnosis: \_\_\_\_\_

Age: \_\_\_\_\_ LMP: \_\_\_\_\_ G: \_\_\_\_\_ P: \_\_\_\_\_

Previous Surgery: \_\_\_\_\_

**MEASUREMENTS**

Uterus: \_\_\_\_\_

Endometrial Canal: \_\_\_\_\_

Right Ovary: \_\_\_\_\_

Left Ovary: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Done By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Provider Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_