

McLaren Print System Order

Order No: 6068
Order Date: 2014-09-26
User: Stephanie Karram
Phone: 3424979

Ship Location: ultrasound attn Stephanie Karram

Forms

Quantity: 500
Paragon Dept No: 6076
Dept Name: radiology
Company Number: 60

Order Total Price: 28.75

Form Number: M-35029
Form Description: Ultrasound Abdominal Worksheet
Revision Date: 3/2012
Print: 1 sided black and white
Paper: 90# Green Cover
Size: 8.5 x 11
Fold:
Finish:
Drill: None

McLAREN PRINT 311 S. Salisbury Hwy - 1st Fl, MI 48032
810-342-4988 311 S. Salisbury Hwy, Suite 2 - 1st Fl, MI 48032
810-342-4988

ULTRASOUND ABDOMINAL WORKSHEET

Patient's Name _____ Date _____

Clinical Indication for Exam: _____

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

Hematuria HTN Diabetes

Surgery: _____

Previous Ultrasound and Date: _____

Sonographer Performing Exam: _____

User: _____

CBD: _____

GB: _____

AD: _____

IVC: _____

Pancreas: _____

R. Kidney: _____

U. Kidney: _____

Spleen: _____

Free Fluid: _____

ULTRASOUND ABDOMINAL
WORKSHEET



