

McLaren Print System Order

Order No: 60771
 Order Date: 2021-03-03
 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: 27290
 Dept Name: Medical Imaging
 Company Number: 530

Order Total Price: 0.00

Item Number: 026.103
 Item Description: ﻿﻿Carotid Doppler Eval
 Revision Date: 10/2008
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; BLACK; BOND PAPER

CAROTID DOPPLER EVALUATION

Name _____ Age _____ Date _____

Doctor _____ Reason for Exam _____

Comments _____

Spec Info:

RIGHT				LEFT			
CCA	CCA	CCA	CCA	CCA	CCA	CCA	CCA
CCA	CCA	CCA	CCA	CCA	CCA	CCA	CCA
CCA	CCA	CCA	CCA	CCA	CCA	CCA	CCA
CCA	CCA	CCA	CCA	CCA	CCA	CCA	CCA
CCA	CCA	CCA	CCA	CCA	CCA	CCA	CCA
VA		RATIO		VA		RATIO	