

McLaren Print System Order

Order No: 60988
Order Date: 2021-03-15
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: 500
Paragon Dept No: 27290
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 0.00

Item Number: 026.108
Item Description: Lower Extremity Venous Worksheet
Revision Date: 07/2018
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

McLaren
THUMB REGION
1100 S. Van Dyke • Bad Axe, Michigan 49413
Lower Extremity Venous Worksheet

Name _____ Date _____ MRN _____ DOB _____

Reason for Exam _____

History _____

LEFT RIGHT

Comments _____

VEIN	NORMAL	CLOT	OCCLUDED	NOT OCCLUDED
Common Femoral	_____	_____	_____	_____
Superficial Femoral	_____	_____	_____	_____
Greater Saphenous	_____	_____	_____	_____
Deep Femoral	_____	_____	_____	_____
Popliteal	_____	_____	_____	_____
Posterior Tibial	_____	_____	_____	_____

Sonographer _____

026.108.07.18

Spec Info: