

**McLaren Print System Order**

**Order No: 62346**  
**Order Date: 2021-05-11**  
**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: 27250**  
**Dept Name: Medical Imaging**  
**Company Number: 530**

**Order Total Price: 0.00**

**Item Number: 020.110.11-18**  
**Item Description: Radiology/CT Patient Health Assessment**  
**Revision Date: 11/2018**  
**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**



THUMB REGION  
**RADIOLOGY/CT PATIENT HEALTH ASSESSMENT**  
Diagnostic Imaging Dept. 989-269-8933 ext 4560

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Any possibility of pregnancy? Yes No  
Have you ever had a contrast reaction? Yes No  
If yes, please describe: \_\_\_\_\_

Please list any surgeries that are related to the exam: \_\_\_\_\_

**PERSONAL MEDICAL HISTORY:**

Multiple Myeloma	Yes No	Diabetes	Yes No	Insulin / Pills
Kidney Disease	Yes No	Heart Disease	Yes No	
Lung Disease	Yes No	Cancer History	Yes No	
Phenoxymethone	Yes No	Sickle Cell	Yes No	

What types of Cancer: \_\_\_\_\_

**TECHNOLOGIST USE ONLY**

PRIOR RELEVANT EXAM: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

Contrast/GFR: \_\_\_\_\_ Date: \_\_\_\_\_

IV Contrast: Isovue 350 Amount: \_\_\_\_\_

IV Site: Right Hand Left Forearm Antecubital Other: \_\_\_\_\_

IV Gauge: 23g 20g 18g 22g Diffusive

Tech Comments/ Patient Patient History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Technologist: \_\_\_\_\_

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

**Spec Info:**