

McLaren Print System Order

Order No: 62986
 Order Date: 2021-06-14
 User: Deb House
 Phone: 989-269-8933 x4562


Ship Location: McLaren Thumb Attn Deb House, Imaging
 1100 S. VanDyke 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

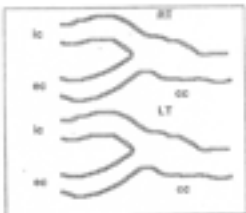


CAROTID DOPPLER EVALUATION

Name _____ Age _____ Date _____

Doctor _____ Reason for Exam _____

Comments _____



RIGHT				LEFT			
CCA	CCA	CCA	CCA	CCA	CCA	CCA	CCA
_____	_____	_____	_____	_____	_____	_____	_____
BCCA	BCCA	BCCA	BCCA	BCCA	BCCA	BCCA	BCCA
_____	_____	_____	_____	_____	_____	_____	_____
ICA	ICA	ICA	ICA	ICA	ICA	ICA	ICA
_____	_____	_____	_____	_____	_____	_____	_____
ECA	ECA	ECA	ECA	ECA	ECA	ECA	ECA
_____	_____	_____	_____	_____	_____	_____	_____
VA	VA	RATIO	RATIO	VA	VA	RATIO	RATIO
_____	_____	_____	_____	_____	_____	_____	_____