

**McLaren Print System Order**

Order No: 63479  
Order Date: 2021-07-05  
User: Kristy Suerwier  
Phone: 989-672-5111

Ship Location: McLaren Caro Region  
401 North Hooper St  
Caro, MI 48723

**Forms**

Quantity: 100  
Paragon Dept No: 27290  
Dept Name: Ultrasound  
Company Number: 510

Order Total Price: 0.00

Item Number: US 11  
Item Description: ULTRASOUND BREAST EVALUATION  
Revision Date: 10/2019  
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



CARO REGION

ULTRASOUND BREAST EVALUATION

Patient Name : \_\_\_\_\_ DATE: \_\_\_\_\_  
DOB : \_\_\_\_\_ MR# : \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_

Indication for Exam:		Family History Breast Cancer:	
_____	Palpable Mass _____	Self _____ Aunt _____	
_____	Tenderness _____	Mother _____ Grandmother _____	
_____	Follow Up _____	Sister _____	
Previous Exam:		Previous Surgery:	
<input type="checkbox"/> Ultrasound _____		Right _____	
<input type="checkbox"/> Mammogram _____		Left _____	

Comments:

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Sonographer : \_\_\_\_\_ Date : \_\_\_\_\_

FORM US 21  
REV: 10-19

Spec Info: