McLaren Business Products

McLaren Print System Order

Order No: 63480
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 12
Item Description: ULTRASOUND THYROID 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

McLaren
CARO REGION
ULTRASOUND THYROID EVALUATION

Patient Name :_____ DATE: _____
DOB :_____ MR# :_____ REFERRING PHYSCIAN: _____

Indication for Exam:
_____Difficulty Swallowing
_____Nervousness
_____Fatigue
_____Palpable Mass
_____Excessive Sweating
_____Hair Loss
_____Weight Gain/Loss
_____Follow Up
_____

Previous Exam
Ultrasound:_____
Nuclear Medicine:_____
Biopsy:
☐ Right :_____
☐ Left:_____

Thyroid Meds:
☐ Yes:_____
☐ No

Right = _____x_____x_____cm Height_____
Left = _____x_____x_____cm Weight_____
Isthmus =_____

Comments:_____

Spec Info:_____

Sonographer :_____ Date: _____

FORM: US 12
REV: 10-6-19